UNION OF SOUTH AFRICA

ANNUAL REPORT

OF THE

Department of Health

Year ended 31st December, 1952

Including Statistical Tables for Period 1st July, 1947, to 31st December, 1952

Published by Authority

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ANNUAL REPORT
1952

UNION DEPARTMENT OF HEALTH.

INDEX.

THE HONOURABLE THE MINISTER OF HEALTH.

SIR,

I have the honour to submit, for your information, the following report on the work of the Department of Health for the year ended 31st December, 1952.

(I) INTRODUCTION.

In the Union of South Africa, with its many racial components, differing widely in levels of development, culture, tradition and belief, the problem of the health and welfare of the people has in recent years been intensified by an unprecedented industrial revolution with a resultant flow of population from the rural to the urban areas. This is well indicated in the following Demographical Table:—

(1) *Population in Census Year* 1951.—

Europeans...	2,643,187	= 20·9 per cent. of total.
Asiatics.....	365,524	= 2·9 per cent. ot total.
Coloureds...	1,102,323	= 8·7 per cent. of total.
Bantu,.....	8,535,341	= 67·5 per cent. ot total.
ALL RACES..	12,646,375	

(2) *Percentage of Population Enumerated in Urban Areas—*

	1936.	1951.	Increase.
Europeans.....	65·2	74·7	9·5 ± 251,000.
Asiatics.....	66·2	75·7	9·5 ± 34,720.
Coloureds.....	53·9	60·8	6·9 ± 76,020.
Bantu.....	17·3	23·6	6·3 ± 537,600.
All Races.....	31·4	39·0	7·6 ± 960,000.

The expenditure incurred by the Department for the year 1941 amounted to £904,127. During the year 1943 the control of Mental Hospitals and Institutions for the Feebleminded was transferred to the Department. The total expenditure on all services amounted to £7,786,561 for the financial year ended 31st March, 1953. The largest portion of this increase was concerned with the conduct of Mental Hospitals, Institutions for the Feebleminded, as well as of those suffering from tuberculosis, leprosy and venereal disease. In this connection it is interesting to note that accommodation is provided in these institutions to-day for nearly 21,000 patients, 8,618 Europeans and 12,371 Non-Europeans, whilst the personnel approximates 6,300.

On the 1st April, 1952, a Department of Nutrition was formed whose main function is to raise the nutritional standard of the population generally. The staff of the Division of Nutrition, which formerly formed a portion of the Department of Health, was absorbed by the Department of Nutrition.

For purposes of administration the Union has been divided into six areas each controlled by a Deputy Chief Health Officer. Regional offices are responsible for all activities in their areas which include, the administration of the Public Health Act and Regulations as well as the Food, Drugs and Disinfectants Act and the Medical, Dental and Pharmacy Act. To prevent overlapping of services, health centre services and district surgeoncies have been placed under the direction of the Regional Deputy Chief Health Officers.

The vital statistics in respect of Europeans for the year 1952 contain several interesting features, the most notable being that the infant mortality rate is lower than any previously recorded for the Union. The maternal mortality rate has also steadily declined although the figure for 1951 shows a slight increase over the 1950 figure. The actual or crude death rate compares favourably with previous years and the tuberculosis death rate is slightly lower than in any previous year. On the other hand the death rate from cancer is the second highest figure recorded since 1920 and that for diseases of the heart and circulatory system is the third higest.

On the 1st July, 1952, the compulsory registration of births and deaths for the Bantu resident in rural areas was introduced by the Department of the Interior.

Leprosy, plague, smallpox, typhus and malaria, which, in the past caused the department grave concern have now become of secondary importance due to the application of improved therapeutic and control measures. The introduction of sulphones has revolutionized the treatment of leprosy, and DDT and BHC have simplified field work in combating typhus, plague and malaria. Insufficient progress has been made, however, in lowering the incidence of diphtheria and typhoid fever, in spite of the fact that the prevention of both these diseases can be effected by known public health measures.

Although the incidence of tuberculosis remains high, especially among the non-Europeans, the outlook for the future has improved considerably. Due to an increased public awareness of the magnitude of the problem, which has expressed itself in generous support of the S.A. National Tuberculosis Association and improved methods of treatment resulting in shorter periods of hospitalization, effective tuberculosis control has become a practical possibility.

A conference on tuberculosis was held in Durban during November, 1952, and was attended by Deputy Chief Health Officers, Departmental Tuberculosis Officers, full-time Medical Officers of Health and visitors from overseas. Several Medical Officers from neighbouring territories were also present. The object of the conference was to discuss what part B.C.G. vaccination should play in combating tuberculosis.

During the period under review the Department was obliged to carry on without its full complement of professional staff, notwithstanding the natural expansion of services. This position is one of grave concern.

Dr. G. W. Gale who joined the Department as a medical inspector in 1939 was appointed Secretary for Health and Chief Health Officer in 1946, resigned from this post as from the 1st March, 1952 to undertake the development of the newly formed Medical School in Durban in the capacity of Dean.

(II) 1.—DEPARTMENT OF HEALTH AS AT 31ST DECEMBER, 1952.

Minister of Health: *Dr. The Hon. K. Bremer.*
Secretary and Chief Health Officer: Dr. J. J. du Pré le Roux.

Under-Secretary: N. A. G. Reeler, Esq.

Assistant Secretary: S. C. Schoeman, Esq.

Departmental Chief Clerk: H. J. Adams, Esq.

Head Office.

Commissioner for Mental Hygiene: Dr. I. R. Vermooten.

Deputy Chief Health Officers: Dr. B. M. Clark and Dr. R. J. Smit.

Chief: Division of Venereal Diseases: Dr. H. F. Schiller.

	Total Number of Posts.
Professional	14
Administrative	34
Clerical	141
Other Europeans	51
Non-Europeans	75
Temporary	1

Regional Offices.

(Including Pathological Laboratories and Port Health Staff).

Tzaneen..... Deputy Chief Health Officer: Dr. D. H. S. Annecke.

Cape Town... Deputy Chief Health Officer: Dr. P. C. Eagle.
Senior Pathologist: Dr. R. Turner.
Port Health Officer: Dr. J. M. Bosman.
Port Health Officer (P.E.): Dr. D. B. Gosling.

Durban..... Deputy Chief Health Officer: Dr. A. L. Ferguson.
Senior Pathologist: Dr. I. Gordon.
Port Health Officer: Dr. N. Miller.

East London.. Deputy Chief Health Officer: Dr. W. A. Smit.

Bloemfontein.. Deputy Chief Health Officer: Dr. C. J. H. Brink.

Johannesburg.. Deputy Chief Health Officer: Dr. C. A. M. Murray.
Medico Legal Pathologist: Prof. R. H. Mackintosh.
Ecologist and Chief Rodent Officer: Mr. D. H. S. Davis.

	Total Number of Posts.
Professional and technical	157
Administrative	7
Clerical	65
Other Europeans	126
Non-Europeans	165
Temporary (all grades)	1,537

2.—Departmental Institutions.

Tuberculosis Services.

King George V-Hospital, Durban: Medical Superintendent, Dr. B. A. Dormer.
Nelspoort Sanatorium, Restvale: Medical Superintendent, Dr. T. W. Randall.
Rietfontein, Johannesburg: Medical Superintendent, Dr. J. H. Loots.
Westlake Hospital, Retreat, Cape Town: Medical Superintendent, Dr. P. Scher.
West End Hospital, Kimberley: Medical Superintendent, Dr. C. A. Sleggs.
Tembuland Hospital, Umtata: Medical Superintendent, Dr. F. J. Wiles.
Durban Chest Clinic: Medical Officer-in-Charge, Dr. G. S. Pirrie.
Nama Hospital, Springbok: Part-time Medical Superintendent, Dr. F. Bakker.

	Total Number of Posts.
Professional and technical	139
Administrative	6
Clerical	38
Nursing (European)	291
Other posts (European)	145
Posts (non-European)	1,233
Temporary	30

Mental Hospitals and Institutions for the Feebleminded.

Weskoppies Hospital, Pretoria: Physican Superintendent and Deputy Commissioner for Mental Hygiene, Dr. W. H. Myburgh.
Alexandra Institution, Cape Town; Physican Superintendent, Dr. M. Ginsberg.
Fort England Hospital, Grahamstown: Physician Superintendent, Dr. M. M. Cohen.
Fort Napier Hospital, Pietermaritzburg: Physician Superintendent, Dr. D. J. Rossouw.
Komani Hospital, Queenstown: Physician Superintendent, Dr. K. B. Wright.
Kowie Hospital, Port Alfred: Physician Superintendent, Dr. C. A. D. Heese.
Umgeni Waterfall Institution, Howick: Physician Superintendent, Dr. P. C. W. Deppe.
Oranje Hospital, Bloemfontein: Physician Superintendent, Dr. D. S. Huskisson.
Sterkfontein Hospital, Krugersdorp: Physician Superintendent, Dr. L. A. Hurst.
Tower Hospital, Fort Beaufort: Physician Superintendent, Dr. J. J. G. de Kock.
Town Hill Hospital, Pietermaritzburg: Physician Superintendent: Dr. T. E. Cheze-Brown.
Valkenberg Hospital, Observatory: Physician Superintendent, Dr. G. J. Key.
Witrand Institution, Potchefstroom: Physician Superintendent, Dr. B. P. Pienaar.

	Total Number of Posts.
Professional and technical	85
Administrative	9
Clerical	57
Nursing (European)	1,813
Other posts (European)	638
Posts (non-European)	1,516
Temporary	51

Leper Institutions.

Westfort Institution, Pretoria: Medical Superintendent, Dr. A. R. Davison.
Mjanyana Institution, Transkei: Medical Superintendent, Dr. P. A. Thornton.
Amatikulu Institution, Zululand: Superintendent, Mr. I. G. C. Scotney.
Mkambati Institution, Pondoland: Superintendent, Mr. J. P. J. Kolver.
Bochum Institution, Pietersburg (Transvaal): Superintendent, Mr. J. H. G. Franz.

	Total Number of Posts.
Professional and technical	7
Administrative	4
Clerical	9
Nursing (European)	38
Other posts (European)	54
Posts (non-European)	326
Temporary	2

Venereal Diseases Hospitals.

Rietfontein Hospital, Johannesburg: Medical Superintendent, Dr. J. H. Loots.
and several smaller hospitals at King William's Town, Vryburg and Zeerust.

3.—Health Centre Services.

Institute of Family and Community Health, Durban. Medical Officer-in-Charge, Dr. S. L. Kark.—The following 30 Health Centres were in operation in the different provinces on 31st December, 1952 (at each centre it is indicated which section of the community is catered for):—

CAPE.

	European.	Non-European.
1. Adelaide	x	x
2. Cradock		x
3. Fort Beaufort	x	x
4. George	x	x
5. Gordonia		x
6. Grahamstown		x
7. Grassy Park (Cape Town)		x
8. Knysna	x	x
9. Mossel Bay	x	x
10. Sandflats (Alexandria)	x	x
11. Stellenbosch	x	x
12. Umtata		x
13. Walmer (Port Elizabeth)	x	x
14. Zwelitsha (King William's Town)		x

NATAL.

	European.	Non-European.
1. Botha's Hill		x
2. Gcilima (Port Shepstone)		x
3. Ixopo		x
4. Newlands (Durban)		x
5. Nottingham Road		x
6. Polela (Bulwer)		x
7. Springfield (Durban)		x
8. Tongaat		x
9. Clairwood (Durban)	x	x

TRANSVAAL.

	European.	Non-European.
1. Bloemhof		x
2. Bosbokrand		x
3. Evaton		x
4. Lady Selborne (Pretoria)		x
5. Randfontein		x
6. Witrivier	x	x

ORANGE FREE STATE.

	European.	Non-European.
1. Bethlehem		x

	Total Number of Posts.
Professional and Technical	91
Administrative	1
Clerical	77
Nursing (European)	43
Other Posts (European)	48
Posts (non-European)	685
Temporary	33

4.—District Surgeoncies as at Dates shown.

Date.	Province.	Whole-time.	Part-time. On Inclusive Salary.	Part-time. On Annual Salary with Certain Fees and Allowances.	total.
30/6/48..	Cape	12	—	182	194
	Natal	4	—	46	50
	Transvaal	25	1	82	108
	Orange Free State	2	—	63	65
	Relief	2	—	—	2
	Union	45	1	373	419
30/6/49..	Cape	11	—	183	194
	Natal	4	—	46	50
	Transvaal	26	1	83	110
	Orange Free State	3	—	65	68
	Relief	2	—	—	2
	Union	46	1	377	424
30/6/50..	Cape	11	—	183	194
	Natal	4	—	46	50
	Transvaal	24	1	83	108
	Orange Free State	3	—	65	68
	Relief	2	—	—	2
	Union	44	1	377	422
30/6/51..	Cape	12	—	183	195
	Natal	5	—	46	51
	Transvaal	30	1	84	115
	Orange Free State	3	—	66	69
	Relief	2	—	—	2
	Union	52	1	379	432
31/12/51.	Cape	12	—	184	196
	Natal	5	—	46	51
	Transvaal	31	1	82	114
	Orange Free State	3	—	66	69
	Relief	2	—	—	2
	Union	53	1	378	432
31/12/52.	Cape	13	—	186	199
	Natal	5	—	47	52
	Transvaal	35	1	82	118
	Orange Free State	3	—	67	70
	Relief	2	—	—	2
	Union	58	1	382	441

UNION OF SOUTH AFRICA.

2.—Census 1951.—Preliminary Figures.—Deputy Chief Health Officers' Areas.

Area.	Europeans. M.	Europeans. F.	Asiatics. M.	Asiatics. F.	Coloured. M.	Coloured. F.	Native. M.	Native. F.	Total.
Cape Region	354,017	359,903	7,842	5,897	442,295	443,135	198,939	142,737	1,954,765
Cape Eastern Region	74,336	77,172	1,147	993	28,040	27,972	820,329	1,081,362	2,111,351
Natal Region	136,476	137,992	153,175	145,893	15,353	16,197	875,155	928,192	2,408,433
Orange Free State, and North West Cape	151,621	146,212	922	763	27,490	26,426	520,369	495,618	1,369,421
Transvaal Northern Region	50,095	47,007	1,888	1,687	1,834	1,500	524,081	594,514	1,222,606
Transvaal Southern Region	557,289	551,067	23,982	21,335	35,836	36,245	1,418,232	935,813	3,579,799
Total	1,323,834	1,319,353	188,956	176,568	550,848	551,475	4,357,105	4,178,236	12,646,375

III.—Regional Offices.

In order to exercise direct control over its various functions, the Department of Health embarked on a policy of decentralisation. The Union was divided into six regions each under the control of a Deputy Chief Health Officer, who is responsible for the activities of the Department in his region. Until 1952, however, a considerable measure of direct control was exercised by Head Office over certain important field activities—namely District Surgeon and Health Centre Services. In 1952, it was decided to place these activities under the control of the Regions. It is hoped in this way to achieve a better integration of services in the field.

3.—The six regions are as follows:—

(1) *Cape Region, Deputy Chief Health Officer Cape Town—*

Aberdeen.
Beaufort West.
Bellville.
Bredasdorp.
Britstown.
Caledon.
Calitzdorp.
Calvinia.
Cape Town.
Carnarvon.
Mossel Bay.
Murraysburg.
Namaqualand.
Oudtshoorn.
Paarl.
Pearston.
Philipstown.
Piquetberg.
Port Elizabeth.
Prieska.

Ceres.
Clanwilliam.
Cradock.
De Aar.
Fraserburg.
Graaff-Reinet.
George.
Gordonia.
Hanover.
Heidelberg.
Hopefield.
Hope Town.
Humansdorp.
Jansenville.
Kenhardt.
Knysna.
Ladismith.
Laingsburg.
Malmesbury.
Middelburg.
Montagu.
Prince Albert.
Richmond.
Riversdale.
Robertson.
Simonstown.
Somerset East.
Somerset West.
Stellenbosch.
Steytlerville.
Sutherland.
Swellendam.
Tulbagh.
Uitenhage.
Uniondale.
Van Rhynsdorp.
Victoria West.
Wellington.
Williston.
Willowmore.
Worcester.
Wynberg.

(2) *Cape Eastern Region, Deputy Chief Health Officer, East London*—

Adelaide.
Albany.
Albert.
Alexandria.
Aliwal North.
Barkly East.
Bathurst.
Bedford.
Bizana.
Butterworth.
Cathcart.
Colesberg.
East London.
Elliot.
Elliotdale.
Encgobo.
Flagstaff.
Fort Beaufort.
Glen Grey.
Herschel.
Idutywa.
Indwe.
Qumbu.
St. Marks.
Sterkstroom.
Steynsburg.
Stockenstrom.
Stutterheim.
Tabankulu.
Tarka.
Tsolo.
Keiskamahoek.
Kentani.
King William's Town.
Komga.
Lady Grey.
Libode.
Lusikisiki.
Maclear.
Maraisburg.
Matatiele.
Middledrift.
Molteno.
Mount Ayliff.
Mount Currie.
Mount Fletcher.
Mount Frere.
Mqanduli.
Ngqeleni.
Nqamakwe.
Peddie.
Port St. Johns.
Queenstown.
Tsomo.
Umtata.
Umzimkulu.
Venterstad.
Victoria East.
Willowvale.
Wodehouse.
Xalanga.

(3) *Natal Region, Deputy Chief Health Officer, Durban*—

Natal Province.

(4) *Orange Free State, and North West Cape, Deputy Chief Health Officer, Bloemfontein.*—Orange Free State Province and the following districts in the Cape Province:—

Barkly West.
Hay.
Herbert.
Kimberley.
Kuruman.
Mafeking.
Postmasburg.
Taungs.
Vryburg.
Warrenton.

(5) *Transvaal Northern Region, Deputy Chief Health Officer, Tazneen*—

Barberton.
Belfast.
Carolina.
Groblersdal.
Letaba.
Lydenburg.
Middelburg.
Nelspruit.
Pilgrimsrest.
Pietersburg.
Potgietersrust.
Waterberg.
Zoutpansberg.

(6) *Transvaal Southern Region, Deputy Chief Health Officer, Johannesburg*—

Amersfoort.
Benoni.
Bethal.
Bloemhof.
Boksburg.
Brakpan.
Brits
Bronkhorstspruit.
Christiana.
Ermelo.
Germiston.
Heidelberg.
Johannesburg.
Klerksdorp.
Krugersdorp.
Lichtenburg.
Marico.
Nigel.
Piet Retief.
Potchefstroom.
Pretoria.
Roodepoort.
Rustenburg.
Schweizer Reneke.
Springs.
Standerton.
Ventersdorp.
Vereeniging.
Volksrust.
Wakkerstroom.
Witbank.
Wolmaransstad.

4.—The following functions are common to all Regions:—

(1) Control of infectious diseases.
(2) Control of vector borne diseases: Plague, typhus, rabies, malaria, bilharzia, relapsing fever.
(3) Venereal Disease Control.
(4) District surgeons.
(5) Health centres.
(6) Maternity and child care.
(7) Statutory inspection services:—

Statutory Services—

(*a*) Public Health Act.
(*b*) Food and Drugs Act.
(*c*) Medical, Dental and Pharmacy Act.

Inspection Services—

Environmental hygiene.
Industrial hygiene.

(8) Health Education.
(9) Pathological Laboratories (Cape and Natal Regions).
(10) Port Health (Cape, Natal Regions and Eastern Cape Regions).

5.—In addition to the above functions, the following are of *special importance in each Region*:—

(1) *Natal.*—Malaria, amoebiasis, airport control.
(2) *Orange Free State.*—Control of newly developing gold fields in respect of plague, environmental and industrial hygiene.
(3) *Cape Eastern.*—Health services in Native Reserves: Typhus and Plague Control.
(4) *Cape.*—Port health, laboratories and biological control. Production of smallpox vaccine and control of therapeutic substances.
(5) *Northern Transvaal.*—Malaria, bilharzia.
(6) *Southern Transvaal.*—Industrial hygiene and airport control.

Details of work done and statistics compiled by the various regions are included in the relevant sections of this report.

(IV) EPIDEMIOLOGY.

The continued success in reducing the incidence of smallpox by means of large scale vaccination and dealing effectively with such vector-borne diseases, as typhus and plague by means of insecticides, has reduced their significance to the application of routine measures.

In the case of tuberculosis, much progress has been made in the fields of prevention, isolation and treatment.

1.—Bilharzia.

The Department has been much exercised about the problem of bilharzia for some years. This disease has assumed much greater importance as a public health problem owing to the very rapid and widespread agricultural development which has taken place in the sub-tropical parts of the Union in recent years, made possible by the control of malaria in those areas. This

applies especially to the lowveld of the Northern and Eastern Transvaal. Much of this agricultural development, such as the growing of rice, has taken place under irrigation and the irrigation dams, canals and lands afford increased opportunities for the breeding of the snail vectors of the disease and for its spread to the human population working in the area with the result that the disease is assuming increasing proportions.

Careful consideration has been given to the problem for several years and the Department's field staff falling under the Deputy Chief Health Officer stationed at Tzaneen has been carrying out extensive field investigations for some time with a view to ascertaining the best means of combating the disease. In carrying out this work it has been necessary to ensure that it was done without any interference with the development of fish life in the streams and after discussions with the Transvaal Provincial Administration a satisfactory liaison was established between the Flora and Fauna Division of that Administration and this Department with this object in view. The field investigations have been continued and steps are being taken to develop the organisation of the Department in the Transvaal so as to extend the control measures which have hitherto been exercised only on an experimental basis.

There is, however, much that remains unknown or uncertain about the snail vectors and the possibilities of control of the disease. Accordingly about three years ago the Department invited Dr. Barlow, an expert who had been working for a long time on bilharzia in Egypt, to visit the Union to advise the Department on the matter. After a thorough survey of the position Dr. Barlow strongly advised that a malacologist should be appointed to undertake long range research into the subject. The post was accordingly created and the Department is taking the necessary steps to fill it in order to ensure that the most suitable and effective steps are taken to combat the disease.

In the meantime research work has not stood still. In addition to the Departmental field work, previously mentioned, the countil for Scientific and Industrial Research has a " Bilharzia and Tropical Diseases Committee ", on which the Department is represented and responsible to this Committee is a very active " Bilharzia Natural History Unit " working on the problem at the South African Institute for Medical Research and having contacts in the field with the Department's workers.

The Department is also represented on the Transvaal Bilharzia Committe and provides half the cost of the services rendered by that Committee. These include treatment by the committee's mobile unit, of children at bilharzia camps during school holidays by a full-time medical officer as well as financial assistance to schools in the bilharzia areas which wish to provide swimming baths as a means of keeping the children out of infected rivers and so avoiding exposure to the disease.

2.—Diphtheria.

Statistics: Table II (1), page 49.

In spite of repeated warnings by the Department and the various local authorities this readily preventable disease shows no signs of decreasing.

In the report of the Ministry of Health of the United Kingdom (1951) the statement is made that " unless the proportion of the population immunised is kept up to the 70 per cent. level, the prevention of epidemic diphtheria cannot be reasonably assured ". In the Union at present no returns are submitted by the local authorities of the number of immunisations performed, but it can safely be assumed that the percentage population immunised is far below 70, even in the case of European children in urban areas. This means that the population is continually being exposed to the risk of epidemics.

Although there are several local authorities who are concerned about the incidence of diptheria in their areas, and who are by means of active propaganda and immunisation clinics doing their best to improve the situation, no significant improvement can be expected until this problem is attacked on a nation-wide scale.

3.—Leprosy.

Statistics: Table II (2), page 54.

There has been no change in the policy of segregating every case of active leprosy until clinical and bacteriological investigations have shown the patient to be of no danger to the general public. The disease in the neural (new term tuberculoid) form, is usually rapidly arrested and such cases are mostly discharged within twelve months of admission to an institution. Where, however, bacilli are discovered, as sometimes happens in the tuberculoid form, and is invariably the case in the lepromatous form, the precautions are much more stringent. No case in which bacilli has been demonstrated is discharged until skin and nasal tests have been negative for twelve consecutive months. As a further precaution, such cases are required to take treatment for a prolonged period after discharge. Lepromatous cases are also obliged to return to the institution for periodic re-examination for a period of six years after discharge. These precautions may at first sight appear unduly exacting but they are the only means by which the general public can be assured that the discharged cases are really non-infective and more important still, the patient is assured that if a relapse did occur it would be speedily detected and brought under treatment.

The policy of maintaining five institutions in various parts of the country has been continued. Thus patients are treated in institutions close to their relations and friends where thay can be visited frequently. Relatives are provided with free rail or bus warrants for this purpose and are housed and fed at Government expense while visiting the institutions.

Churches and schools are provided for the inmates, who are also remunerated for work done. Where necessary, maintenance grants are given to needy relatives.

The administration of sulphones has become the basis of treatment in all types of the disease. The external lesions respond rapidly but the elimination of all bacilli in advanced cases is slow. This is the general finding throughout the world and in an endeavour to expedite the elimination of bacilli, the Leonard Wood Memorial for the Eradication of Leprosy (Washington D.C.) arranged for parallel controlled experiments in Japan, in the Philippines and in South Africa. The Senior Leprosy Officer of the Union proceeded to Japan, the Phillipines and the United States of America as a guest of Leonard Wood Memorial Leprosy Relief Association with the investigation being sponsored by this organisation.

The drugs tried out were sulphones, streptomycin, and P.A.S. either alone or in various combinations. Beneficial effects were obtained in all groups but the speedy cure has not yet been achieved. Further controlled experiments are planned by the Leonard Wood Memorial.

These new medicaments have greatly reduced morbidity and mortality in those suffering from leprosy. At the Westfort Institution the average number of deaths in the five years preceding the sulphones was 99 per annum. In 1952 the number of deaths was 26. The discharge rates have been steadily increasing and at the Mkambati Institution no less than 73 per cent. of the patient population was recommended for discharge in 1952. Since 1924 more than 12,000 patients have been discharged from the various institutions. The number remaining at the five institutions in December, 1952, was 2,072.

The reduction in the number of patients in the institutions will make it possible to set aside half the accommodation, in three of the institutions serving the Native Reserves, for the admission of patients suffering from tuberculosis.

4.—Malaria.

Statistics: Table II (3), page 56.

(1) *Northern Transvaal*—Malaria is a seasonal disease which occurs in summer and can consequently only be reported on from July to June. The Department consequently is unable to submit a report in respect of a calendar year.

Striking results have been achieved by the widespread use of modern malaria control methods, proof of which is given in a statement by the Minister of Health in a radio broadcast in April, 1952. " Between the precipitous escarpment of the Drakensberg mountain range to the west and the flats of Mocambique to the east, and stretching from the Limpopo in the north to the mountains of Swaziland in the south, is 10,000 square miles containing some of the country's richest farming land in the world for sub-tropical fruit; yet only fifteen years ago this area was shunned by Europeans, and those natives who survived to young adult life lay ill in the kraal just when they should have been reaping their crops . . . . .

With the almost complete disappearance of malaria, the town of Groblersdal has grown very rapidly and more than 300 families are established where previously there were only a few. In the hyper-endemic zones of Pongola—a few years ago an almost deserted region—the disappearance of malaria gives a fair chance that within five years the area will be producing about 20 per cent. of the sugar cane grown in the Union, and in the frontier zones the Limpopo, 15,000 to 20,000 acres now produce tobacco and groundnuts. In the region of Letaba one of the richest areas in the Union, there are now 12,000 acres of irrigated land, whereas in 1940 there were only 700 ".

The year under review (summer, 1951–52) was dry. The rainfall (January–March) at Tzaneen (as an example) was 9·72 inches compared with 14·17 in 1950–51, 22·39 in 1949–50 and 18·59 in 1948–49. The average annual expenditure on malaria control since 1948 has been £152,000. Proof of the success of the investment in adequate malaria control is the increase in revenue to the Government in respect of transfer fees which was £64,681 in 1946–47 and £165,421 in 1951–52.

The relationship between the malaria control staff of the Union Health Department's regional office in the Northern Transvaal and its neighbours, the Bechuanaland Protectorate, Swaziland and Portuguese East Africa remains cordial. Test spraying of huts in these areas was undertaken with the approval of the authorities concerned in order to determine the presence or not of infected vectors.

Anti-malaria measures were undertaken successfully on behalf of Bechuanaland Protectorate in the Tuli Block.

During the course of the year a discussion took place at Komatipoort between representatives of Portuguese East Africa, the South African Railways and the Department of Health, at whch the various practical aspects of malaria control were discussed. The combination of D.D.T. and B.H.C. was subject to scrutiny as well as the use of the various types of spray pumps. The discussions were valuable to all those present.

(2) *Natal and Zululand.*—Malaria control in Natal and Zululand is the responsibility of the Deputy Chief Health Officer at Durban. This area, which had a poor rainfall in 1952, was subjected to drought conditions for practically the entire year, with the result that mosquito vector breeding was limited.

Breeding was confined to coastal areas from the Umkomaas River in the south to the Pongola in the north and to the catchment areas of the Pongola and Tugela Rivers in the Midland areas of the region.

The incidence of malaria was the lowest ever recorded in Natal, only 35 positive slides having been examined during the year. Of these 13 were European cases of whom four were from outside the Province. The balance of 22 were Bantu.

Routine control measures were undertaken in all the coastal areas north of the Umkomaas: in the Natal sugar belt by Malaria Committees, and in the adjoining Bantu and European areas by Departmental field staff and on the Railway Administration's property by the South African Railways Health Staff.

These measures are now standardised and consist of—

(1) weekly applications of larvicides on all surface waters;
(2) application of residual insecticides where larvicides are not applicable;
(3) check spraying with pyrethrum.

Applications of residual insecticides are governed by the presence of vectors.

South of the Tugela River and the Midland river valleys one application of insecticides was found to be adequate whereas on the coastal areas of Zululand two applications are necessary during the season. In the hyper-endemic areas of the Pongola Basin east of the Lebombo more active measures are required.

5.—Plague.

Statistics: Table II (4), page 57.

(*a*) *Human Plague.*—Three outbreaks of bubonic plague, which gave rise to five cases with three deaths, were reported from the districts of Koppies, Heilbron, Thaba 'Nchu and Port Elizabeth. The details are as follows :—

Outbreak.	Date.	Locality.	Cases.	Result.
1	13/2/52	Farm Uitvlught No. 216, adjoining Koppies Station, Koppies District. Contracted on nearby Bellary No. 826, Heilbron District	1 Native	Recovered.
2	31/7/52	Farm Strathearn No. 396, 12 miles south of Tweespruit Station, Thaba 'Nchu District	1 Native	Fatal.
3	27/9/52	Withoogte, portion of farm Brak River, 4 miles south of Uitenhage, Port Elizabeth District	2 Coloured	1 Fatal.
4	27/9/52	Rietkuil, portion of farm Brakwater Flats, 5½ miles south Uitenhage, Port Elizabeth	1	Fatal.

(*b*) *Plague Epizootics.*—(1) The Port Elizabeth outbreak was heralded by an extensive epizootic amongst veld rodents, first discovered on the farm Brampton-Manor near Addo. A specimen of a Bush Karroo Rat (*Myotomys unisulcactus*) collected there on 4th August, 1952, proved to be plague-infected. Several batches of unidentified *Myotomys* fleas, one Multimammate mouse (*Mastomys coucha*) and several more *Myotomys* subsequently collected from the Uitenhage–Addo–Coega area, the outskirts of Redhouse village, the vicinity of the plague huts and from St. Albans airport were all infected with plague. A vigorous anti-plague campaign was launched by the Divisional Council and the infection did not enter the urban rodent population.

(2) Three batches of gerbil (*Tatera brantsi*) fleas, collected in August from farms neighbouring the site of the Thaba 'Nchu outbreak, were found to be plague-infected, thus confirming the presence of an epizootic prior to the outbreak in July.

(3) Two batches of infected gerbil fleas from the Indwe River in Bengu Location No. 1 Glen Grey District, revealed a localised epizootic in that area in August.

(4) Routine collections of gerbil fleas to the north and south of the town of Lady Grey, Lady Grey District, revealed an active epizootic on two occasions during October.

All four epizootics occurred in old plague areas. Generally speaking plague, both in man and in rodents, remainined at a low level throughout the Union.

(*c*) *Routine Laboratory Investigations.*—Of 867 flea and rodent specimens (excluding routine collections of Johannesburg City rats) submitted from all over the Union for plague examination, only eight were found to be infected with plague. None of 1,143 Johannesburg rats was plague infected.

(*d*) *Anti-plague Surveys.*—The regional surveys of the Union were again carried out during the winter and the data are being analysed.

(*e*) *Research.*—(1) *Mastomys Breeding.*—The laboratory colony of *Mastomys* produced an adequate supply of animals for bacteriological tests throughout the year. Some of the animals were used in an investigation of the *Mastomys* oestrous cycle. Breeding data from the whole colony were used to obtain estimates of population parameters.

(2) *Rodenticides.*—Satisfactory laboratory and field tests were carried out with two proprietary brands of the new hydroxy-coumarin anti-coagulant rodenticides. It is now possible to maintain continous control of domestic rodents in almost any premises by anti-coagulant baits in permanently placed " P. 3 " (Protected Poison Point) boxes.

(3) *Bacteriological.*—Extensive plague immunisation tests were conducted with material prepared from the capsular proteins of *pasteurella pestis* organisms. A few micrograms of the pure antigen injected into mastomys produce an immunity capable of resisting a challenge of 500 minimal infective doses of virulent plague bacilli, a very severe test. With a single exception, no unpleasant reactions were experienced by a large group of volunteers who were given subcutaneous doses of 25 or 50 micrograms of antigen.

6.—Poliomyelitis.

Statistics: Table II (5), page 60.

The number of cases of poliomyelitis notified in South Africa during the ten years ending June, 1944, fluctuated between 18 and 92 cases annually, and this came to be regarded as the normal endemic incidence of the disease in this country in so far as cases are recognised and notified. In the year ended 30th June, 1945, the disease assumed epidemic proportions and 1,380 cases were recorded. The flare-up subsided quite suddenly at the end of January, 1945, and the figure for the year ending June 30th, 1946, was 217, while at the end of the following year it was only 79.

The latter half of 1947 started with the usual " endemic " number of notifications, but the number began to increase in December of that year when 27 cases were notified, and rose sharply in the following three months to reach a peak of 742 cases in April, 1948. The figure then dropped to 307 cases in May and 81 in June. Altogether 2,073 cases were notified during the period 1st July, 1947 to 30th June, 1948, the highest annual figure yet recorded. The following six months, a lower notification figure was recorded throughout the Union and the number totalled 215 cases by the end of December, 1948. In 1949 there was a further decrease when 414 cases were notified, and in 1950 the notification figure dropped to 161 cases. There was a slight upward tendency in the incidence rate during 1951, when the figure rose to 463 cases and then dropped to 270 in 1952.

It is well known that many cases of poliomyelitis are missed, even during an epidemic, because such a large proportion of cases are non-paralytic and therefore not recognised.

The notifications indicate that there is a much higher rate in Europeans than in non-Europeans, which conflicts with the findings in other infectious diseases, where the poorer classes living in crowded quarters are more susceptible to infection.

It is impossible to determine the paralysis rate of poliomyelitis in the Union, but figures from the Johannesburg Municipal Health Department reveal the following interesting facts:—

> During the period 30th June, 1947 to 30th June, 1948, 780 cases of poliomyelitis were recorded of which 637 were Europeans and 143 non-Europeans. Of these 37·57 per cent. were left with residual paralysis or weakness. In the next year 102 cases were recorded; 89 Europeans and 13 non-Europeans and 40 per cent. retained some residual weakness or paralysis.

In the previous epidemic in 1944–45, 201 cases were notified in Johannesburg of which 28 per cent. now retain residual weakness or paralysis.

Of the European cases in the 1947–48 period twenty four ended fatally, while ten non-Europeans died; and in the following year one Native child dried from poliomyelitis, whilst no European deaths were recorded.

In the 1944–45 epidemic there were 26 deaths from poliomyelitis giving a mortality rate, for cases notified, of 13 per cent. This dropped in the 1947–48 epidemic to 4·17 per cent. and in the 1948–49 year to less than one per cent.

Another interesting fact revealed by the information available concerning the 1944–45 and 1947–48 epidemics is that there has been a notable increase in the number of cases recorded in the older age group—15 years and over—in the later epidemic. This trend has also been noticed in other countries. The term " *infantile* paralysis " is thus a misnomer.

As the standards of hygiene of the non-European are improved, as they are in the model villages being erected in various parts of South Africa, it is possible that there will be an increase in the proportion of paralytic cases seen in the Bantu unless some method of immunization is found. It is gratifying therefore to note that notable progress has been made in the last five years in the culture of poliomyelitis virus in tissue cultures of human and monkey tissues, and that there is promise that a preventive vaccine will be developed. Facilities for tissue culture and for the production of such a vaccine are provided in the new laboratories of the Poliomyelitis Research Foundation, where all facilities for the isolation and typing of poliomyelitis virus, are also available.

Recent studies carried out in these laboratories have revealed that all of the three known types of poliomyelitis virus occur in South Africa.

7.—Rabies.

Statistics: Table II (6), page 65.

The existence of rabies has been recognised in South Africa for over a century. After a period of quiescence for many years, the disease again became prominent some sixty years ago when it appears to have been introduced into the Port Elizabeth district through an imported infected dog. Confirmation of rabies infection by laboratory methods was made in 1928 when any possible doubt about the existence of the disease in the country was finally removed.

Until 1950 rabies occurred mainly in the small wild carnivorous animals of the meercat or mongoose family (*viverridae*) and also in the wild cats (*felidae*) through which infection could be transmitted to domestic animals and man.

Towards the latter part of 1950, however, it was realised that cases of dog rabies were occurring in the Northern Transvaal. An area north of a line drawn through Potgietersrust was found to be infected with rabies. Rabid dogs were reported in the Letaba area and at Punda Maria. It became apparent that the dog strain of rabies virus had been introduced into the Union. The introduction of true dog rabies into this country is of serious import.

The Deputy Chief Health Officer, Northern Transvaal, in his 1950–51 report mentions that the first cases of dog rabies in the Transvaal were found in the Limpopo region, from where there was a gradual spread to Sibasa and the Eastern Transvaal.

These outbreaks have been mainly confined to native areas, making control on the dog population extremely difficult, as the Bantu are loath to have their dogs destroyed unless they show definite signs of illness. The Division of Veterinary Services of the Department of Agriculture has been conducting an extensive campaign in the area in an effort to bring the disease under control, and since 1950 more than 12,000 unlicensed dogs have been destroyed in the Zoutpansberg area, and 11,000 in the Letaba area. In addition over 12,000 dogs in the area have been immunised. These measures have resulted in a marked decrease in the incidence of rabies.

In spite of the high incidence amongst domestic animals the number of human contacts have been relatively low, and anti-rabic treatment was instituted in all persons as soon as it was established that there was definite risk.

It has been shown that neurological complications arise in about 1–600 to 1,200 persons injected with rabies vaccine. Although the complications may be mild and transitory, serious paralysis and even death may supervene, and for this reason, treatment has been confined only to those definitely at risk.

8.—Rift Valley Fever.

In the Union of South Africa the first tangible evidence of Rift Valley Fever points to the latter part of 1950 as the starting point of the epizootic although positive diagnosis was not made until the 12th April, 1951. During this time reports were received by State Veterinarians of heavy mortality in sheep and cattle in the Western areas of the Orange Free State; the cause of the mortality was diagnosed severally as enterotoxaemia; lamb dysentery, blue tongue, etc. That these diseases existed at the time and that some mortality was due to them has been confirmed. This led to consierable confusion in establishing the diagnosis of a disease new to the country.

Then followed reports of heavy losses of sheep in the Kaffir River area of the Orange Free State in February, 1951, but it was not until after a new disease in lambs was reported from Koffiefontein and the illness of several persons who conducted a post-mortem on a valuable bull which died at Palmietfontein that Rift Valley Fever was suspected; the diagnosis here was confirmed by the use of serum obtained from Kabete Laboratories in Kenya.

To date the South and South-Western areas of the Orange Free State, the Northern areas of the Cape Province and isolated areas in the Southern Transvaal as far east as Standerton have been affected. The outbreak at Palmietfontein was four miles from the international airport of that name and eleven miles from Johannesburg. This was however, fortuitous as thorough investigation could not establish proof of the introduction of the disease by air.

The mode of transmission of the virus in South Africa has not yet been established but the route of infection has great public health significance if risk of infection could be shown to exist without humans coming into direct contact with susceptible animals. At present the two most important routes of infection which should be considered are: (*a*) the likelihood of transmission of virus to man by different species of mosquitoes or other blood sucking arthropods, and (*b*) transmission by the ingestion of milk or meat of infected animals. The latter route would change the risk of infection from the agricultural to the urban populations.

An arthropod vector or vectors is indicated in the outbreaks because the infection did not spread from animals infected in the laboratory to others which were in contact with them. Further, many human cases are on record of wives nursing their husbands through the disease without themselves becoming ill.

The public health hazard of an epidemic of Rift Valley Fever lies mainly in the risk of complications in the eyes of those contracting the disease. Nearly ten per cent. of confirmed cases suffered from impaired vision. Most subsequently recovered almost complete vision, but a few retained distressing symptoms. In all those who became ill at the time of the epizootic, symptoms akin to severe influenza were manifested; a great number complained of vague symptoms, but it must be borne in mind that there are very few confirmed diagnoses actually on record. The course of the disease would appear to be very mild for the majority of people with, however, a long period of immunity acquired as a result. Severe cases appear to have occurred where actual inoculation by infected blood from animals took place. The population present in the affected areas was approximately 500,000 of whom a considerable number were in direct contact with sheep and actually exposed to infection.

The danger seems to be in an insect vector which could transmit the virus from animal to man and from man to man even under urban conditions. It is impossible to assess this danger in the absence of evidence pointing to a definite vector and to the probable endemic reservoir of the virus. Nevertheless, there may be danger of infection reaching urban centres out of direct contact with susceptible animals through animal by-products; some cases of Rift Valley Fever in humans have been confirmed in both Kimberley and Kroonstad, where there was no obvious contact with animals outside the urban area.

Control measures aimed at the protection of susceptible humans would be dependent on measures applied for the protection of animals from infection. The practice of good environmental sanitation appears to be the answer. Mass immunisation accompanied by the use of the new residual insecticides either as larvicides or as imagocides can readily be carried out. When animals have been protected, humans will be shielded to a great extent against infection, and with the application of certain other public health measures adequate protection against transferance of the virus to humans could be assured.

9.—Smallpox.

Statistics: Table II (7), page 65.

The incidence of smallpox in the Union for the year 1952, showed a marked drop over previous years, 80 cases being notified. This is the lowest figure yet recorded, and includes 35 cases which occurred among native squatters on a farm bordering on the urban communities of Klerksdorp, Orkney and the Western Reef compounds. The outbreak was promptly brought under control by officers of the Department who conducted an intensive vaccination campaign and a house to house search for concealed suspected cases.

Vaccination campaigns are continually being conducted by the Department of Health through its district surgeons and field staff.

10. Tuberculosis.

Statistics: Table II (8), page 66.

The extent of the problem.—(*a*) *Mortality.*—(i) Table II (8) reflects registered deaths from tuberculosis (all forms) in the Union, in age, sex and race groups for the calendar years, 1945–51. Similar details in respect of Natives are not available due to the fact that deaths in rural areas have been compulsorily registerable only since 1st July, 1952. Thus, although registered deaths from

tuberculosis in Natives totalled 7,025, 7,117 and 6,984 during the years 1949, 1950 and 1951 respectively, these figures are incomplete and it is estimated that annual deaths are in excess of 10,000. Total annual deaths in all races in the Union could then be estimated to be as follows:—

	1945.	1946.	1947.	1948.	1949.	1950.	1951.
Europeans.	758	773	773	772	684	639	566
Asiatics....	504	473	440	435	441	363	329
Coloureds..	4,139	4,164	4,347	4,431	4,501	4,132	3,949
Natives....	10,000	10,000	10,000	10,000	10,000	10,000	10,000
All races..	15,401	15,410	15,560	15,638	15,626	15,134	14,844

(ii) Mortality rates per 100,000 population from tuberculosis (all forms)in Europeans, Asiatics and Coloureds are set out below in tabular form. See also graph " A ". (For reasons stated above, mortality rates in Natives are not available.)

	1945.	1946.	1947.	1948.	1949.	1950.	1951.
Europeans.	32·4	32·6	31·8	30·8	26·6	24·5	21·4
Asiatics....	180·1	165·1	149·0	142·8	140·4	103·4	90·0
Coloureds..	452·2	446·8	455·0	452·9	448·3	386·9	358·3

In common with many countries, death rates in the Union have shown a marked decline since 1949, and the 1951 rate of 21·4 per 100,000 in Europeans compares very favourably with rates in other Western countries. Attention, however, has been drawn by many authorities to the fact that the decline may be an artifact due largely to recent improvements in the treatment of tuberculosis by bacteriostatic substances such as streptomycin, P.A.S. and I.N.H. and which have at least postponed many deaths from tuberculosis. Nevertheless, mortality rates in non-Europeans remain extremely high—the 1951 rate in Coloureds is seventeen times as high as the European rate—and the fight against tuberculosis in this country must obviously be intensified on all fronts.

(iii) *Specific Death rates.*—Graph B shows age specific death rates in Europeans centred on the census years 1926, 1936 and 1946 and in the last year for which age distribution of the estimated population is available viz 1950. During the past 25 years there has been a definite lowering of mortality rates in young males, but rates in older males have remained consistently high. This trend has been found in other countries. It is not known what factors are responsible and what are the conditions of life so progressively unfavourable for males from the age of 30 onwards and which have not improved during later life in recent years.

In European females, as in other countries there has been a most satisfactory improvement in successive years, and with marked flattening of the familiar peak in the 20–30 years age group.

The graph for European persons once again demonstrates the improvement in the death rates in the younger age groups during the past 25 years.

By way of comparison with European rates, age and sex specific rates in Europeans, Asiatics and Coloureds are shown in Graph C, for the year 1946 (age distribution of the population in non-Europeans is not available in any subsequent year). The high crude death rates from tuberculosis in non-Europeans has already been referred to, but this graphic representation clearly demonstrates the wide racial disparity and the appalling rates in certain age groups—more particularly in Coloured children under five years, in Coloured females in 20–25 year age group and in Coloured males over 40.

(iv) Percentage distribution of deaths by age, sex and race during the years 1948–50 is set out in histogram " D ". In Europeans 9·6 per cent. of total deaths from tuberculosis were in children under five years of age. This figure has shown progressive increase during the past 25 years—it has risen from 7·4 per cent. in 1926, to the alarming figure of 10·07 per cent. in 1951. Since deaths in this age group are caused almost entirely by infection in the home it is manifestly clear that greatly increased efforts should be made to prevent young children from being exposed to infected persons and from being fed with unboiled or unpasteurised milk. In Asiatics and Coloureds, no less than 20 per cent. of total deaths from tuberculosis in these races occurred in children under five years of age.

Further, deaths in the two sexes were not distributed in the same proportion in the various races—in Europeans 62·3 per cent. of deaths were in males, mostly in older age groups—whereas in non-Europeans 51·3 per cent. were in males. Again, the high degree of mortality in non-Europeans is borne out by fact that 76 per cent. of total tuberculosis deaths in non-Europeans occurred in persons under 40 years of age, i.e. during the period of greatest productive activity.

(v) *Proportionate Mortality.*—In the following table, deaths from tuberculosis are expressed as percentages of deaths from all causes, during the years 1945–51.

	1945.	1946.	1947.	1948.	1949.	1950.	1951.
European..	3·5	3.8	3.7	3·4	3·0	2·8	2·4
Asiatic....	12·4	12·3	11·8	10·5	12·0	9·0	9·2
Coloured..	20·0	21·7	22·3	21·0	19·8	19·0	18·4

It is encouraging to note that the overall proportionate mortality has shown improvement in all racial groups during the last three years.

In Graph E, deaths from tuberculosis in age, sex and racial groups are expressed as percentages of deaths from all causes. Once again the high degree of mortality in non-Europeans is demonstrated—note for example that in Coloured females in age groups 15–20 years, no less than 62·5 per cent. of total deaths is due to tuberculosis.

The above analysis of deaths from tuberculosis are based on deaths registered in the Union, but it must be pointed out that the value of mortality rates is dependent on the quality of clinical diagnosis made by medical practitioners throughout the country, and on the accuracy and completeness of death returns. Death certificates have provided the basis for the major part of medical statistics of the past century and reliable statistical information must form the foundation of prevention of tuberculosis as indeed of all other preventable diseases. The co-operation of all medical practitioners in this matter is most earnestly solicited.

(*b*) *Morbidity.*—The incidence of tuberculous disease in the Union can be arrived at either by complete notification of all active cases, or by mass radiographic examination of adequate samples of the population. Although notification of all forms of tuberculosis has been compulsory for over 30 years, much remains to be done to improve its quality and completeness, so that more reliable statistics of the incidence of tuberculosis can be obtained. Such sound and detailed statistics are badly needed in this country if the campaign against tuberculosis is to succeed. On the other hand multiple notification of cases frequently complicate the picture and adequate machinery for its elimination must be devised.

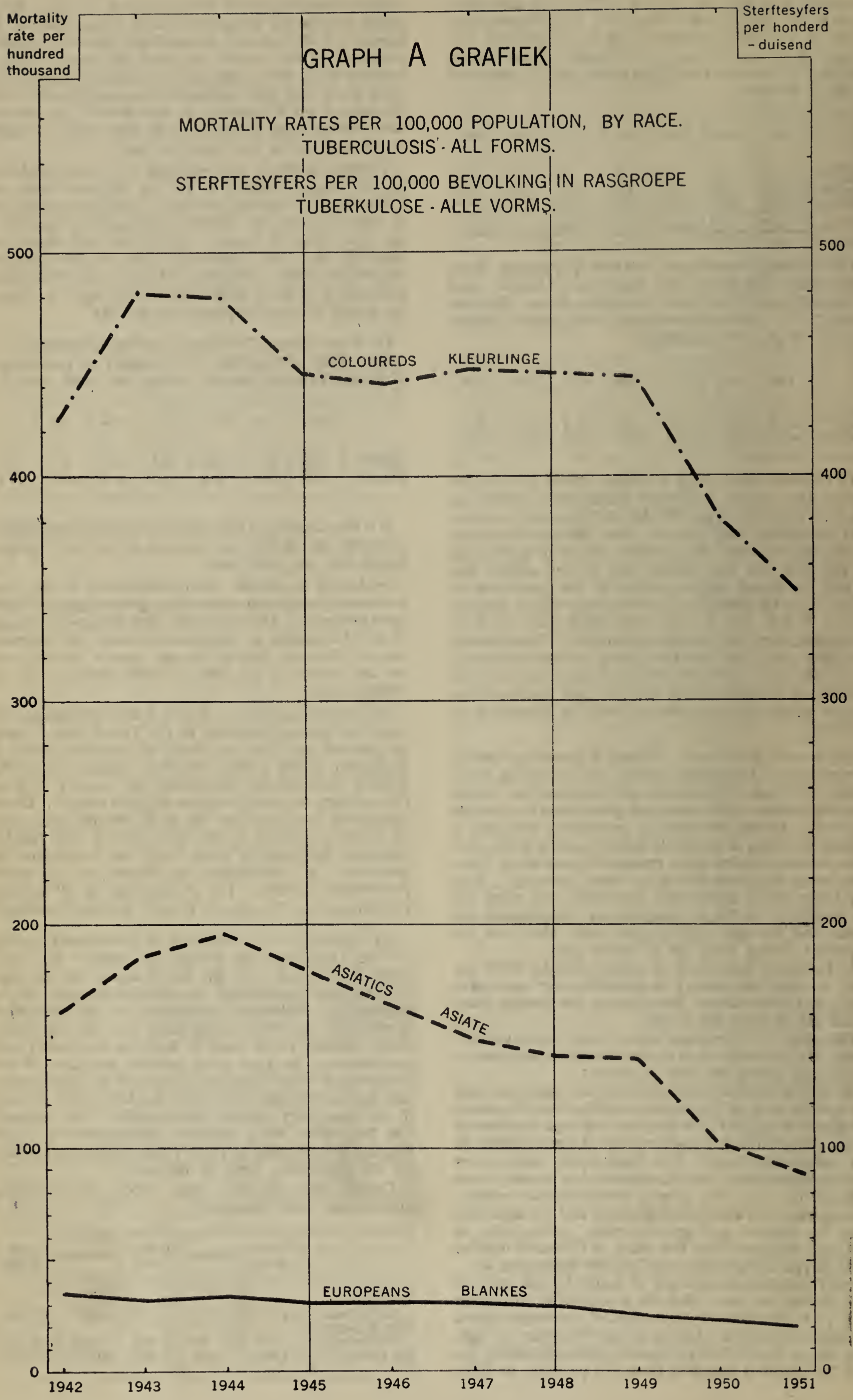
During the calendar year 1952 the following notifications were received:—

	Europe-an.	Asiatic.	Colou-red.	Native.	All Races.
Respiratory tuberculosis..	1,399	721	5,140	18,064	25,324
Non-Respiratory tuberculosis..	87	97	443	2,878	3,505
All Forms.....	1,486	818	5,583	20,942	28,829

GRAPH A GRAFIEK

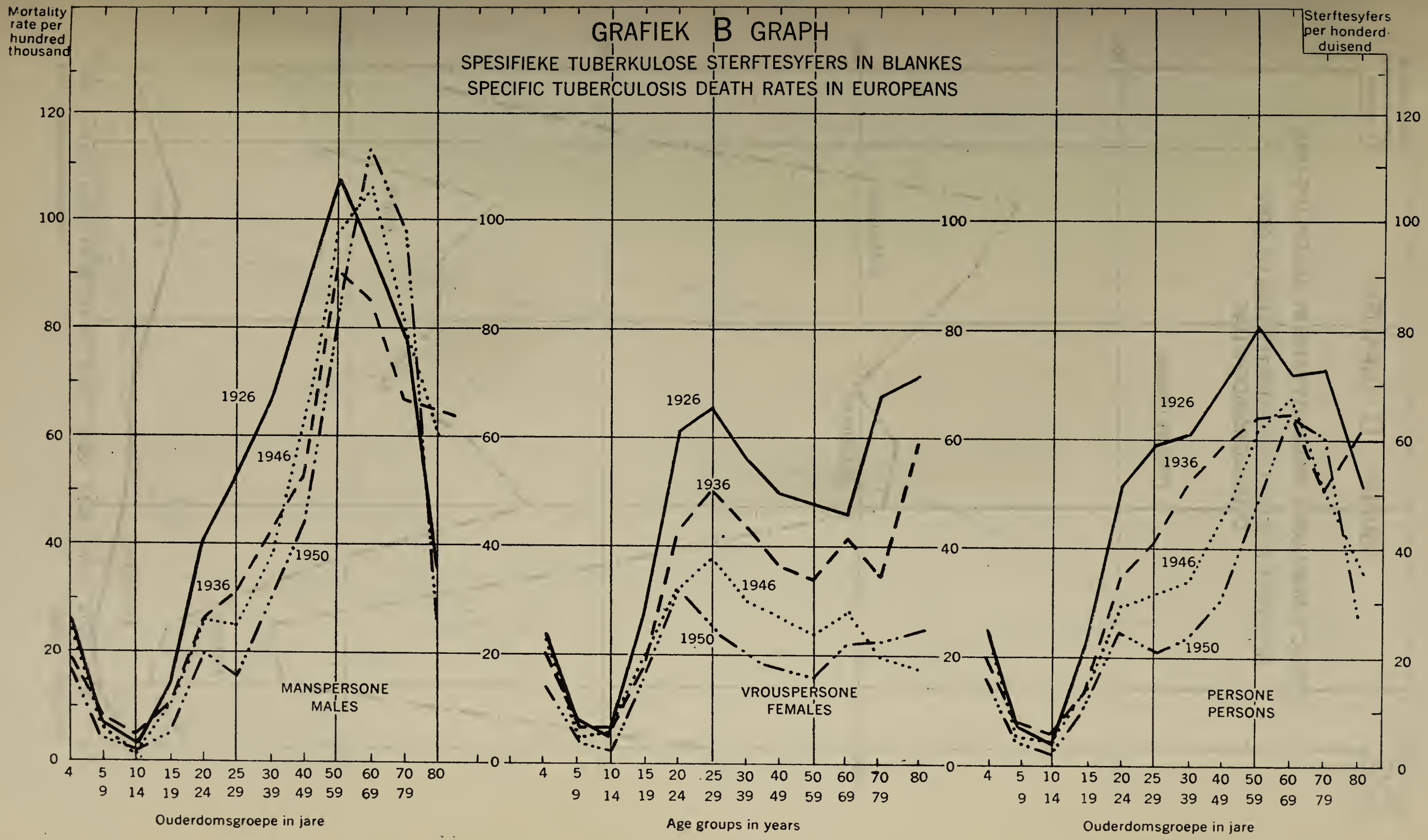
MORTALITY RATES PER 100,000 POPULATION, BY RACE.
TUBERCULOSIS - ALL FORMS.

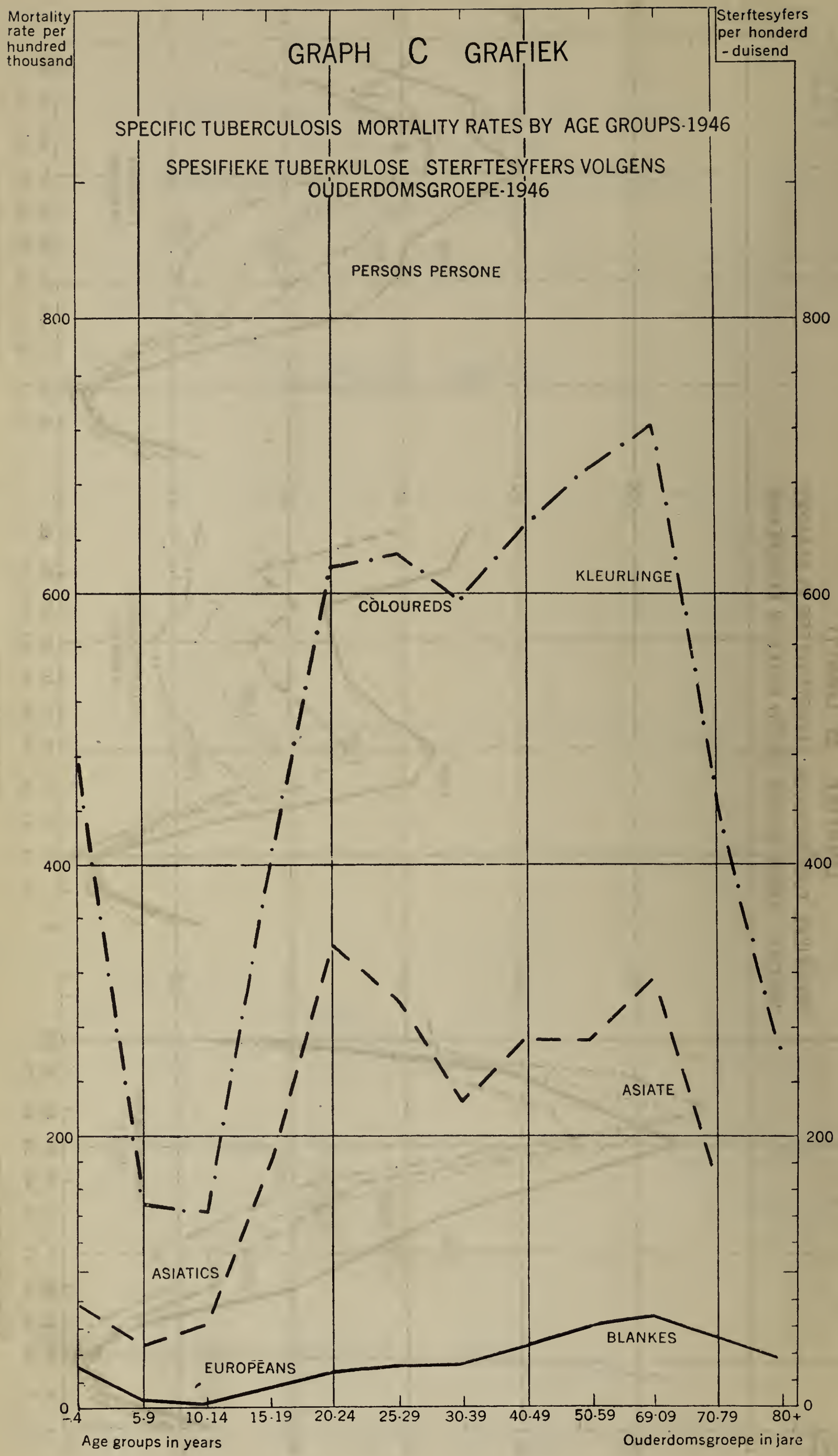
STERFTESYFERS PER 100,000 BEVOLKING IN RASGROEPE
TUBERKULOSE - ALLE VORMS.



GRAFIEK B GRAPH

SPESIFIEKE TUBERKULOSE STERFTESYFERS IN BLANKES
SPECIFIC TUBERCULOSIS DEATH RATES IN EUROPEANS

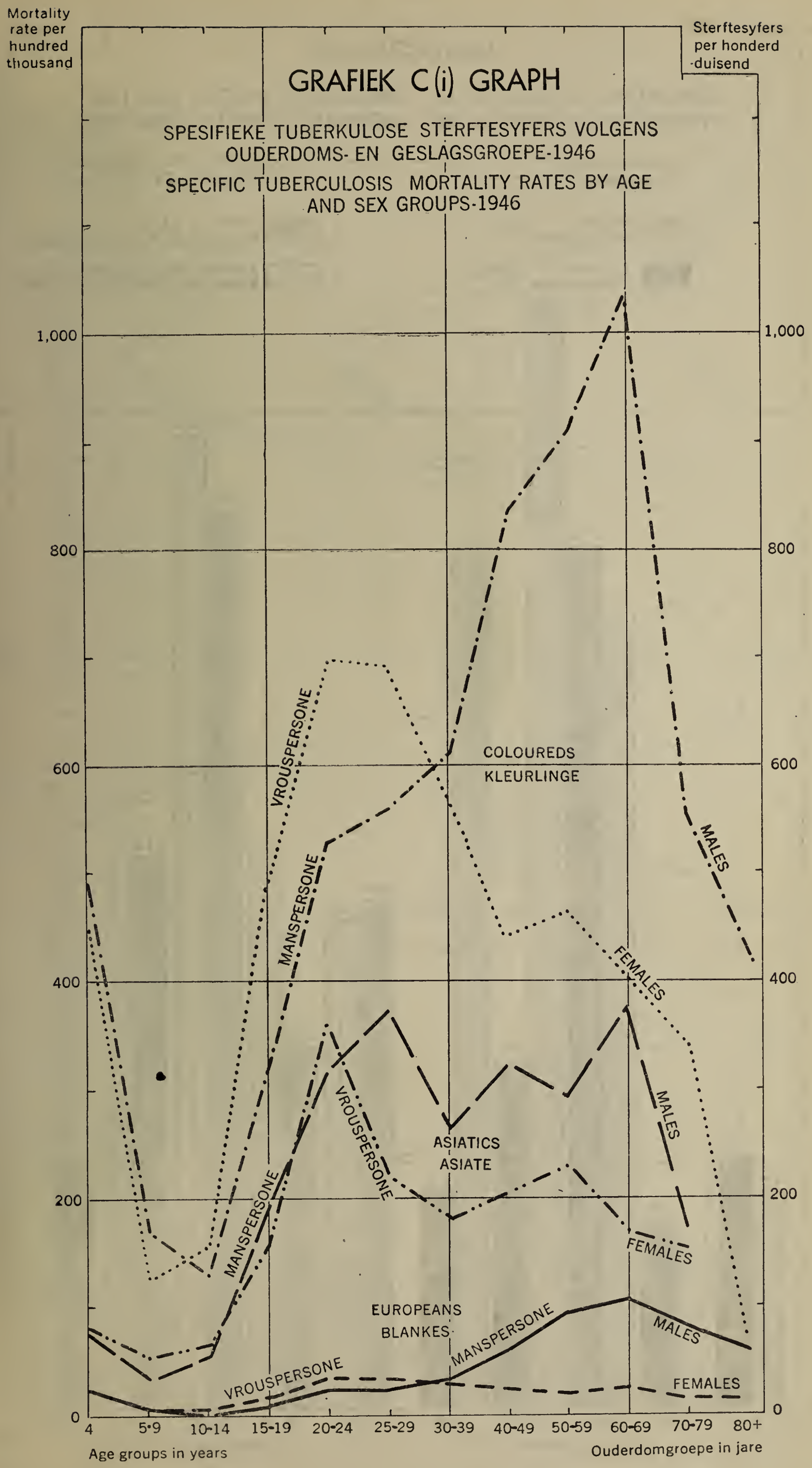



Mortality rate per hundred thousand
Sterftesyfers per honderd - duisend
GRAPH C GRAFIEK
SPECIFIC TUBERCULOSIS MORTALITY RATES BY AGE GROUPS-1946
SPESIFIEKE TUBERKULOSE STERFTESYFERS VOLGENS OUDERDOMSGROEPE-1946
PERSONS PERSONE
800
600
400
200
0
KLEURLINGE
COLOUREDS
ASIATE
ASIATICS
BLANKES
EUROPEANS
-4
5-9
10-14
15-19
20-24
25-29
30-39
40-49
50-59
69-09
70-79
80+
Age groups in years
Ouderdomsgroepe in jare

GRAFIEK C(i) GRAPH

SPESIFIEKE TUBERKULOSE STERFTESYFERS VOLGENS OUDERDOMS- EN GESLAGSGROEPE-1946

SPECIFIC TUBERCULOSIS MORTALITY RATES BY AGE AND SEX GROUPS-1946



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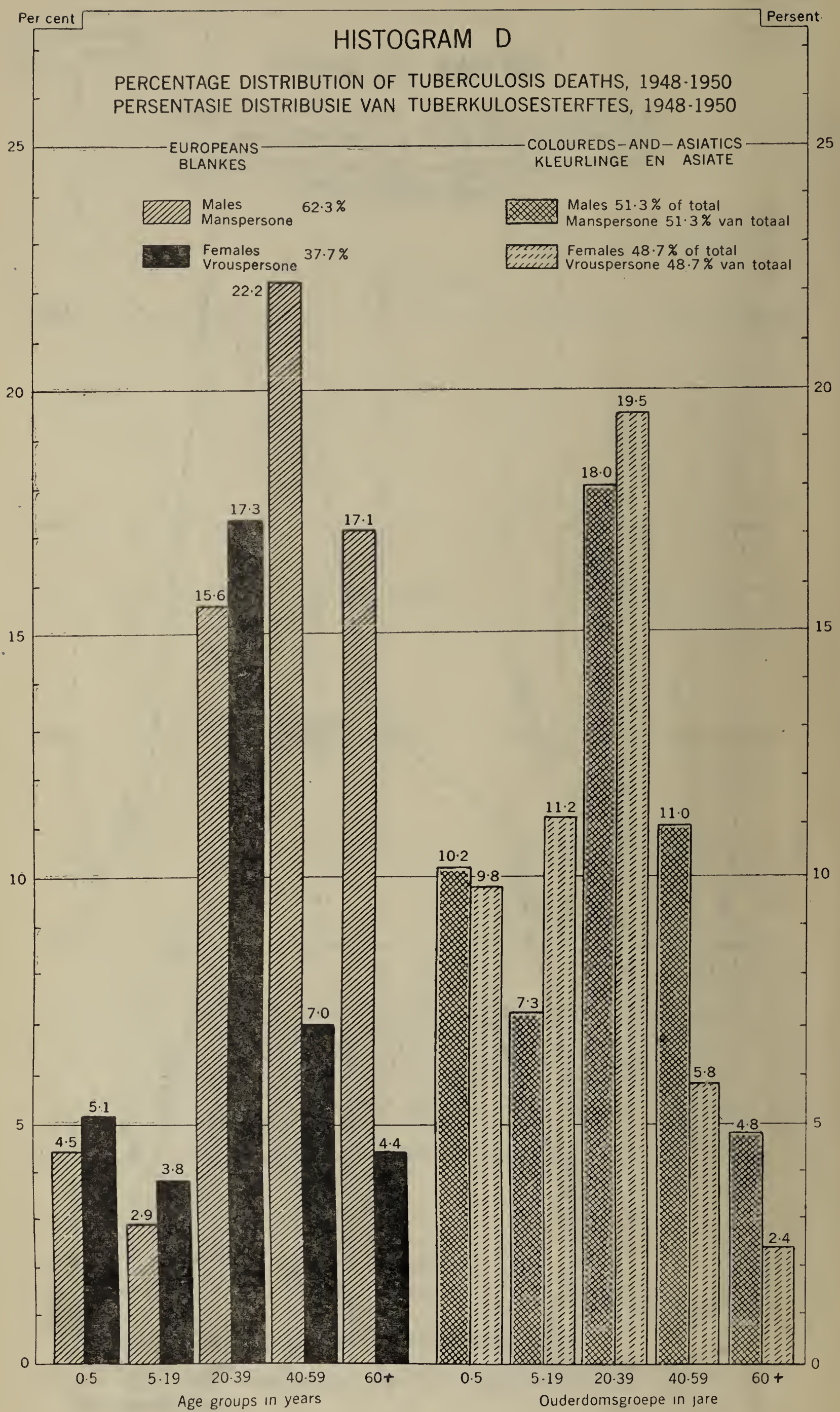
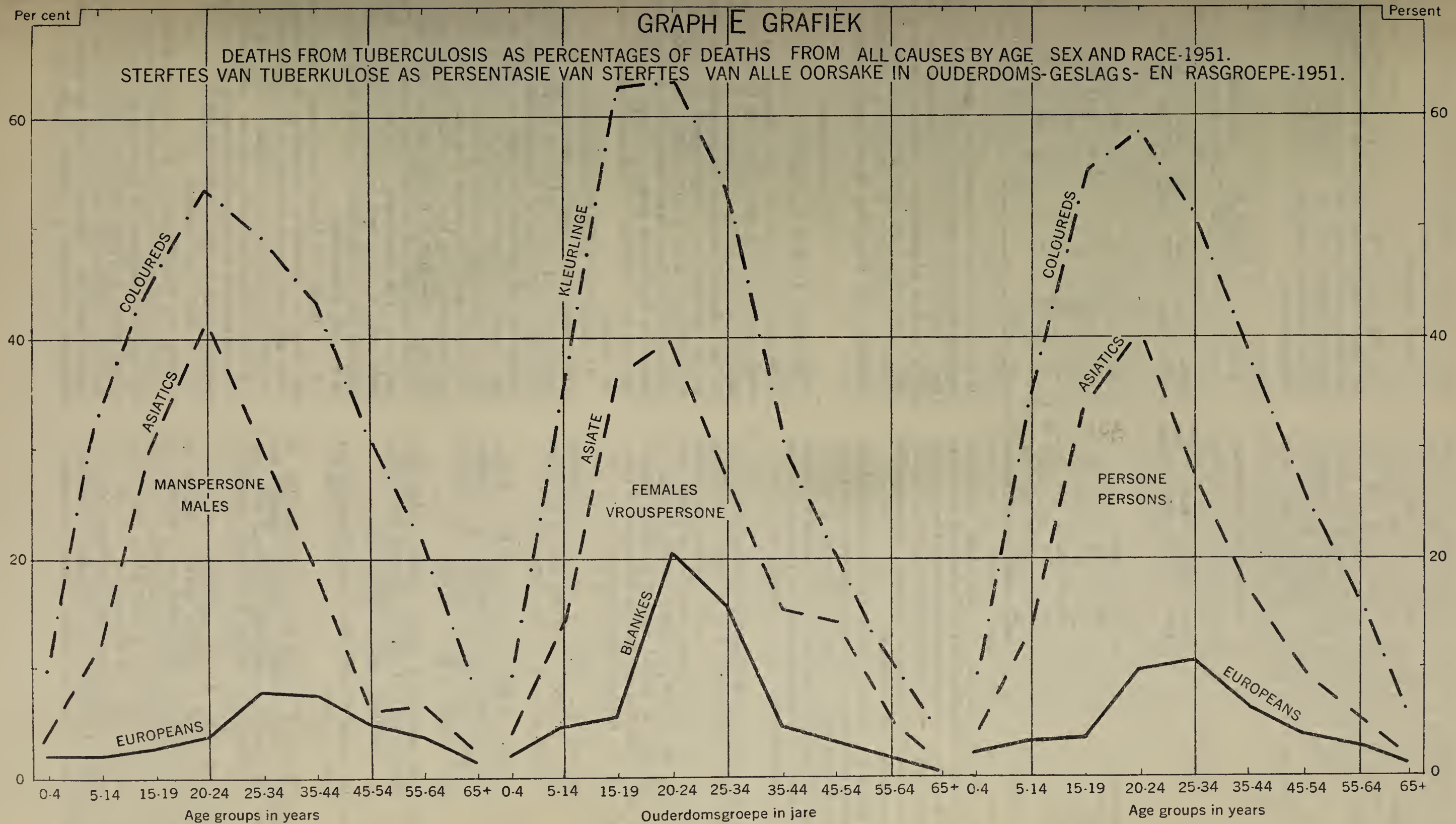

Per cent
Persent
HISTOGRAM D
PERCENTAGE DISTRIBUTION OF TUBERCULOSIS DEATHS, 1948-1950
PERSENTASIE DISTRIBUSIE VAN TUBERKULOSESTERFTES, 1948-1950
EUROPEANS
BLANKES
COLOUREDS AND ASIATICS
KLEURLINGE EN ASIATE
Males 62·3%
Manspersone
Females 37·7%
Vrouspersone
Males 51·3% of total
Manspersone 51·3% van totaal
Females 48·7% of total
Vrouspersone 48·7% van totaal
25
20
15
10
5
0
4·5
5·1
2·9
3·8
15·6
17·3
22·2
17·1
7·0
4·4
10·2
9·8
7·3
11·2
18·0
19·5
11·0
5·8
4·8
2·4
0·5
5·19
20·39
40·59
60+
Age groups in years
Ouderdomsgroepe in jare

GRAPH E GRAFIEK

DEATHS FROM TUBERCULOSIS AS PERCENTAGES OF DEATHS FROM ALL CAUSES BY AGE SEX AND RACE-1951.
STERFTES VAN TUBERKULOSE AS PERSENTASIE VAN STERFTES VAN ALLE OORSAKE IN OUDERDOMS-GESLAGS- EN RASGROEPE-1951.



The four departmental mass radiographic units have conducted surveys in all races and in urban and rural areas of the Union during the past five years and a total of almost 500,000 exposures has now been reached. Very valuable epidemiological information has been obtained and the incidence of active respiratory tuberculosis has been found to be ·1 per cent in Europeans and from ·7 to 1 per cent in non-Europeans, depending on the nature of the sample. Applying these rates to the population it can be assumed that in the Union there are about 2,700 active cases of respiratory tuberculosis in Europeans and from 70,000 to 100,000 cases in non-Europeans.

(*c*) *Facilities for Institutional Care and Treatment.*—During the period under review the Department has conducted a survey of all institutions providing accommodation for cases of respiratory tuberculosis, and available beds as at year ended 1952, were distributed as follows:—

Institutions.	Cape.		Transvaal.		Natal.		Orange Free State.		Union.		Total.
	European.	Non-European.	European.	Non-European.	European.	Non-European.	European.	Non-European.	European.	Non-European.	
Departmental	262	440	—	234	141	1,119	—	—	403	1,793	2,196
Local Authorities	232	1,412	20	208	—	39	31	65	283	1,724	2,007
Mission	—	284	—	100	2	482	—	—	2	866	868
Provincial	—	—	—	—	200	278	—	—	200	278	478
Private	50	106	236	—	—	24	—	—	286	130	416
S.A.N.T.A.	—	166	—	48	18	108	—	64	18	386	404
Total	544	2,408	256	590	361	2,050	31	129	1,192	5,177	6,369

With an estimated total of about 15,000 deaths per annum from tuberculosis in the Union, and a total of 6,369 beds, it is clear that every effort should be made not only to increase this number of beds, but also to ensure maximum possible turnover of available beds compatible with good care and treatment.

In regard to improved turnover per hospital bed, the settlement programme of South African National Tuberculosis Association will play a vital role in relieving pressure by making available, at low capital and mainnance cost, bed accommodation for patients who are able to some extent to care for themselves.

(*d*) *The Prevention of Tuberculosis.*—There are non-specific and specfic ways of preventing tuberculosis and the non-specific factors which improve the general standard of living of people are probably the most effective by far in the prevention of tuberculosis. A control programme should include plans to counter those factors which lower general resistance to tuberculosis and the following are important:—

(i) *Malnutrition.*—Whether due to inadequate intake of food, unbalanced diet or ignorance of food values and food preparation.

(ii) *Fatigue.*—Whether produced by hard physical work unhealthy living conditions, alcoholism or drug addiction, of which dagga smoking is important in South Africa.

(iii) The presence of non-tuberculous debilitating diseases such as syphilis, malaria, amoebiasis, schistosomiasis and helminthiasis.

(iv) Ignorance of basic health laws, personal and social hygiene.

" Environment constitutes the real headquarters of tuberculosis " and measures directed towards the removal of such environmental stresses will pay handsome dividends in human health and happiness.

Specific Methods.—B.C.G. vaccination is a widely accepted method of raising the specific resistance to tuberculosis. At a special conference in Durban in November, 1952 attended by Medical Officers of Health and Public Health Officials and at which two World Health Organisation authorities on B. C. G., Dr. C. Palmer of Tuberculosis Research Office, Copenhagen, and Dr. J. Holm, Chief, Tuberculosis Division, World Health Organisation, Geneva, were guest speakers, is was decided to commence preliminary vaccination projects with the co-operation of certain local authorities. Such projects will assist in determining the special technical and administrative problems associated with B.C.G. vaccination and in particular will they make very valuable contributions in arriving at uniformity in technique and evaluation of tuberculin testing.

11.—Typhoid Fever.

Statistics: Table II (9), page 67.

There is no doubt that the incidence of typhoid fever and allied infections is high in the Union, especially among the rural Native population. Its prevalence is an indication of the unsatisfactory sanitary conditions and of the ignorance of the elementary principles of hygiene that exist in our rural areas. The prevalence of tyhpoid in the rural areas constitutes an ever-present danger to the urban areas, for a proportion of the Natives, who contract the infection become carriers of the disease.

As more of the towns have taken steps to protect and purify their water supplies, water-borne typhoid has become less frequent and dairy produce and other foodstuffs have assumed an important role in the conveyance of typhoid infections in such areas. In the smaller urban areas and in the country, however, water for domestic purposes is frequently drawn from the nearest available source and used without boiling or treatment of any kind. As many such sources are exposed to pollution by human excreta, such water may easily become the vehicle for the conveyance of typhoid infection. The complacency with which many persons make use of untreated irrigation furrow water for domestic purposes is surprising, and the practice is to be strongly deprecated.

In an endeavour to prevent known carriers from engaging in occupations involving the handling of foodstuffs, certain local authorities offer suitable employment to these individuals; but these efforts have usually met with limited success and, not infrequently, all trace of a carrier is lost until perhaps he is found again engaged in an occupation that entails the handling of milk or other food supplies.

While the Department, as well as local authorities, is doing all it can to make immunisation available to all, the Bantu people are as yet not sufficiently conscious of the value of typhoid immunisation, with the result that they frequently do not present themselves for the second injection. This is a field in which health education can make a valuable contribution.

12.—Typhus.

Statistics: Table 11 (10), page 72.

In the Union typhus fever occurs almost exclusively in the Native communities. During the period under review outbreaks of the disease were reported in each of the four provinces, but, owing to the very imperfect notification of cases in the large Native reserves, statistics are inaccurate and of little value in assessing the true incidence of the disease in the Native pouplation of the Union.

In the Transkei and Ciskei, which have a combined area of approximately 36,200 square miles, and a population of approximately two million, 611 cases of typhus were discovered in the year ended 30th June, 1948. As in previous years, the district of St. Marks was the most seriously affected, 137 cases being discovered there. This epidemic spread through the districts of Tsomo, Nqamakwe, part of Engcobo, Butterworth, and Willowvale, accounting for a further 156 cases. A smaller epidemic in the Keta Keta location in Mount Fletcher district, occurred early in that year, and accounted for 59 cases. In the Ciskei typhus did not reach epidemic proportions, but sporadic cases occurred throughout the year.

During August and September, 1947, an epidemic resulting in the discovery of 130 cases with 31 deaths occurred in the Barkly West district; and during June, 1948, 48 cases of typhus with eight deaths occurred in the Taungs district. In Natal, typhus was confined to four districts, only 41 cases being notified for the year ended 30th June, 1948, as compared with 148 cases for the previous year.

During the year ended 30th June, 1949, 220 cases were reported from the Transkei and Ciskei, 22 from Natal and 15 from the Orange Free State.

The incidence of typhus has declined very markedly since 1949 due to: (1) the use of D.D.T. by the departmental field staff; and (2) the fact that natives are awakening to the value of D.D.T. as an effective insecticide and can purchase it at stores for their own use. Proof of this is found in the number of cases notified in 1950 which amounted to 158 with five deaths, whilst during the period July, 1950, to December, 1951, only 196 cases were recorded with twelve deaths. The year 1952 reached the lowest since 1933, as only 98 cases were notified with eight deaths.

13.—Venereal Diseases.

Owing to the fact that the venereal diseases are not notifiable in South Africa and that the overwhelming majority of district surgeons are unable to furnish reliable statistical data in respect of the number of patients treated by them at the numerous rural treatment centres, the true incidence of these diseases is not known. However, from reports thus far received from local authorities, district surgeons, health centres and departmental and mission hospitals, it would appear that there has been a decrease during the year in the number of new cases of syphilis and gonorrhoea presenting for treatment and an increase both in the overall attendances by patients and in the percentage completing treatment.

This improvement can mainly be attributed to the general use, since 1948, of penicillin in the treatment of gonorrhoea, to its increasing use since then in the treatment of syphilis, and to the fact that the Native population in general has become increasingly aware of the advantages to be gained from early and regular treatment with the " new government injections ", as procaine penicillin in oil with two per cent. aluminium monostearate (P.A.M.) is termed by them.

Penicillin is now the sheet anchor in the treatment of early infectious and prenatal syphilis and of gonorrhoea. The excellent results thus far obtained with penicillin in the treatment of these diseases holds considerable promise for the future when it ousts the toxic arsenicals in the treatment of syphilis. It is anticipated that the arsenical drugs will be abandoned completely for the treatments of syphilis during the coming year when penicillin (P.A.M.) exclusively will be supplied by the Department therefore. If the advantages claimed for the new repository penicillin preparation, currently under trial in the United States of America and also in several World Health Organization-assisted mass-treatment treponemal campaigns, are confirmed, it will provide this country with a more powerful weapon for single-injection mass-treatment campaigns in areas where syphilis is very prevalent. The institution of mass-treatment procedures, it is hoped, will result in the reservoir of infection in this country being reduced to a considerably lower level within a relatively short period. Although large-scale mass-treatment campaigns have not been possible during the year, nevertheless, several small-scale mass-treatment campaigns with a single injection of 2,400,000 units P.A.M. have been undertaken successfully by a number of the district surgeons of the large and sparsely populated districts.

As a consequence of the extensive use of penicillin and other antibiotics in this country and the fact that antisyphilitic treatment, particularly in urban areas, can now be administered more practically in out-patient rather than in in-patient facilities, there has been a considerable reduction in the number of syphilitic cases treated in hospitals during the year under review. At Rietfontein Hospital, near Johannesburg, where 420 beds for venereal disease patients were fully occupied when the treatment of syphilis was by means of arsenic and bismuth, it was noted during the first quarter of the year that only one-quarter of the available accommodation was being used for venereal patients. In order to use this surplus accommodation to the best advantage, and having regard to the urgent need for accommodation for non-European tuberculosis patients, it has been decided to utilise 300 of these beds for cases of pulmonary tuberculosis. It is anticipated that an additional number of beds reserved for venereal patients in this institution, as well as those in the Amatole Venereal Disease Hospital, King William's Town, and in the numerous mission hospitals throughout the country, will become available for non-European tuberculosis cases during the coming year.

Numerous additional treatment centres, visited weekly by district surgeons and catering primarily for non-Europeans in isolated rural areas where transport facilities are limited or lacking, have been established in various parts of the country. On the whole, these have been fairly well supported, but the non-European defaulter rate is still too high, due, in many instances to the regrettable lack of co-operation on the part of employers.

In addition to district surgeons and local authorities, Health Centres, which have been established in various parts of the country, continue to play a prominent part in the control of venereal disease in their areas. The success achieved by them is attributable, in a large measure to the fact that they have at their disposal trained personnel who undertake contact tracing, that treatment is available all day long and that the sitgma, which many patients feel attaches to a visit to a clinic specifically conducted for the treatment of venereal disease, is not associated with a visit to a Health Centre.

14.—Yellow Fever.

Mosquito Survey.—Following the decision of the Transvaal Chamber of Mines to fly native recruits from Central African territories to Johannesburg, a survey of the Witwatersrand was begun in December, 1951, to gather information on the local distribution of possible mosquito vectors of virus diseases. The mosquitoes were identified by the Government Entomologist attached to the Plague Research Laboratory and the survey was carried out by the laboratory staff in co-operation with representatives from ten local authorities and 33 mines. 8,362 mosquito specimens comprising six species of *Anopheles*, one *Theobaldia*, seven *Aëdes* and eleven *Culex* were collected and

identified from an area of some 600 square miles. The survey results form the subject of a Special Report.

In August the survey was reorganised and extended to include the 60 major towns and villages of the Transvaal. The municipal authorities and the Department's own malaria staff are co-operating in collecting material. The urban survey is still in progress and is complementary to field surveys being conducted by the Council for Scientific and Industrial Research.

(V) HEALTH CONTROL AT SEAPORTS AND AIRPORTS.

Statistics: Table III, page 74.

It is one of the duties of the Department of Health to prevent the introduction of disease into the Union through ports and airports and to ensure that all necessary precautions are taken to protect the public health. Methods of health control are changing very rapidly to conform with the greatly increased volume of passenger traffic, particularly of air travellers.

The adoption of the International Sanitary Regulations by the World Health Assembly applicable to international travel and traffic was an exceedingly important health measure. Some of the measures such as the granting of pratique by wireless, have been in operation in the Union for some time. It was first introduced for vessels plying between coastal ports and later extended to ships from the high seas carrying ships' surgeons. This measure has proved to be both successful and practical.

Palmietfontein, the temporary National Airport has been functioning as the main port of entry into the Union of all aircraft. The Jan Smuts Airport which will be opened in 1953, will be designated a sanitary airport in terms of International Sanitary Regulations. The check of passengers' yellow fever certificates as well as the spraying of aircraft which come from the endemic yellow fever areas will be undertaken by officers of the Department of Health.

Cordial liaison has been established and maintained between the various departments functioning in the ports of entry to the Union. Special ancillary services such as venereal disease clinics and yellow fever inoculation for seamen and the travelling public have been maintained.

The notification of notifiable diseases by ships' surgeons has been systematised and weekly returns of notifications are now rendered.

Unremitting vigilance is being exercised to prevent the introduction by sea or air of any of the quarantinable diseases to which Durban by reason of its geographical position is especially susceptible. Because the species of mosquito and the climatic and environmental conditions conducive to an outbreak of yellow fever are present the strictest precautions are taken that aircraft arriving from the endemic yellow fever areas are properly disinsected and that travellers on such aircraft who are not immunised and consequently may be incubating the disease are isolated in mosquito-proofed quarters.

As a consequence of the latest World Health Organisation delimitation of the endemic yellow fever area to include the whole of the Tanganyika coastline it is no longer unusual for ships to arrive from ports inside the endemic yellow fever area within the six day incubation period of the disease. The shipborne, introduction of yellow fever can no longer be discounted, and mindful of this, consideration is being given to disinsection of ships and their examination for *Aedes aegypti* while passengers and crew are being subjected to more careful scrutiny in respect of their inoculation certificates.

The usual care is being taken to guard against the dissemination of other major epidemic diseases by ships from the east. Special quarantine measures were imposed on ships from Mauritius at a time of a severe epidemic of poliomyelitis on the island.

(VI) NURSING, MATERNITY AND CHILD WELFARE SERVICES.

Statistics: Table IV, page 76.

(*a*) *General.*—Responsibility for inspection, supervision and investigation of these services was transferred in August, 1951, to the respective Regional Offices then functioning, and to the Southern Transvaal Regional Office in January, 1952. Simultaneously, the posts of " Supervisor of Nursing and Maternity Services ", were abolished and the number of posts of " Inspectress of Nursing and Maternity Services " was increased to six. One inspectress is attached to each Regional Office.

(*b*) *Nursing and Maternity Services subsidised in terms of Act No. 57 of* 1935.—Sections Nos. 13, 14 and 15 of Act No. 57 of 1935 were again amended by Sections Nos. 26, 27, 28 and 32 of Act No. 44 of 1952. The main implications of the amendments are:—

(1) Refunds payable in terms of Sections 14 (*a*) and 15 (*a*) are increased from 75 per cent. to 87½ per cent
(2) Provision is made for a grant-in-aid towards transport costs.
(3) Restrictions are imposed regarding salaries payable.

Table IV (1) shows the number of nursing and midwifery posts established in terms of the various sections of Act No. 57 of 1935, as amended.

Although new services are constantly being established, the total number of posts has diminished since last year. This is due to:—

(1) Abolition of posts which have not been filled for a long period.
(2) The conversion of a number of extra-institutional services to institutional services, necessitated by increasing demands for hospitalisation.

(*c*) *Maternal and Infant Mortality Rates.*—These are shown in the statistical section of this report. See Table I, pages 27–28.

(*d*) *Private Nursing and Maternity Homes.*—The regulations governing Nursing and Maternity Homes were amended in July, 1950, and since then, only Nursing and Maternity Homes in the Transvaal and Orange Free State are registered with the department. Those in the Cape Province and Natal are licensed by the respective Provincial Administrations.

Section 133 (2) of Act No. 36 of 1919, which deals with the Registration of Nursing and Maternity Homes has been amended by Section 23 of Act No. 44 of 1952.

(*e*) *Midwives.*—No additional areas were proclaimed as prescribed areas in terms of Section 39 of Act No. 13 of 1928, as amended by Act No. 45 of 1944, and the regulations regarding persons practising midwifery were not applied to any additional areas during the year under review.

(VII) GOVERNMENT LABORATORIES AND BIOLOGICAL CONTROL.

Statistics: Table V, page 77.

Departmental Laboratories are maintained at Cape Town and Durban and are under the control of the Deputy Chief Health Officers for the respective areas. In addition to performing routine laboratory examinations and conducting autopsies in police mortuaries the Government Pathologist at Cape Town is responsible for Biological Control and the control of therapeutic substances as well as the manufacture of small pox vaccine.

In the case of Durban, with the development of the Natal Provincial Administration's Laboratory Service the number of specimens received from Provincial Hospitals was much reduced, but was offset by an increase in the work received from Departmental Institutions, from other Central Government Departments and from Local Authorities and Medical Practitioners. The expansion of work affected in particular the bacteriological, haematological, biochemical and histological sections of the laboratory.

In Cape Town, as in the immediate previous years, the laboratory suffered seriously from frequent staff changes. The two posts of Assistant Pathologist were occupied by five different incumbents during the year under review. The pharmacologist's post remained vacant until August, and a great strain was thrown on the senior staff.

During the year a Committee of Inquiry was appointed by the Minister to report upon various aspects of the Department's laboratory needs. The terms of reference were to investigate and report on routine examinations for public health purposes, the manufacture of vaccines and sera, research work, medico-legal laboratory services and the costs of such services. The committee was also required to report on the relationship between such services and the blood transfusion laboratory services and other existing and proposed laboratory services as well as personnel training facilities.

The Biological Control Section of the Cape Town Laboratory is responsible for the carrying out of the Therapeutic Substances Regulations of the Medical, Dental and Pharmacy Act (No. 13 of 1928) with a view to ensuring that all therapeutic substances which are manufactured in the Union or imported for sale, comply with specified legal standards for quality, purity and potency.

The work of the section comprises—

(*a*) the issue of licences for the manufacture or import of the scheduled therapeutic substances

(*b*) the inspection of factories or laboratories in the Union wherein these substances are prepared or processed;

(*c*) the carrying out of biological assays of samples of these substances.

The activities of both laboratories are seriously hampered by lack of staff.

(VIII) DEPARTMENTAL HOSPITALS AND INSTITUTIONS.

The following is a list of Departmental Hospitals and Institutions:—

	Number of Beds.		
	European.	Non-European.	Total.
Tuberculosis.			
King George V Hospital, Durban.	141	1,119	1,260
Nelspoort Sanatorium	102	132	234
Rietfontein, Johannesburg	—	234	234
West End Hospital, Kimberley	22	150	172
Westlake Hospital, Cape Town	138	—	138
Tembuland Hospital, Umtata	—	120	120
Nama Hospital, Springbok	—	38	38
TOTAL	403	1,793	2,196
Mental Hospitals and Institutions for the Feebleminded.			
Alexandra Institution, Maitland, Cape	833	59	892
Oranje Hospital, Bloemfontein	644	900	1,544
Fort England Hospital, Grahamstown	625	102	727
Tower Hospital, Fort Beaufort	—	1,833	1,833
Fort Napier Hospital, Pietermaritzburg	997	696	1,693
Town Hill Hospital, Pietermaritzburg	320	536	856
Komani Hospital, Queenstown	616	676	1,292
Kowie Hospital, Port Alfred	—	559	559
Umgeni Waterfall Institution, Howick	380	100	480
Sterkfontein Hospital, Krugersdorp.	324	594	918
Weskoppies Hospital, Pretoria	912	878	1,790
Valkenberg, Hospital Observatory Cape	784	675	1,459
Witrand Institution, Potchefstroom.	1,631	664	2,295
TOTAL	8,066	8,272	16,338
Leprosy Institutions.			
Amatikulu, Zululand	—	78	78
Bochum, Pietersburg, Transvaal	—	172	172
Mjanyana, Transkei	—	94	94
Mkambati, Pondoland	—	254	254
Westfort, Pretoria	100	1,144	1,244
TOTAL	100	1,742	1,842
Venereal Disease Hospitals.			
Amatole, King William's Town	—	65	65
Vryburg	—	24	24
Zeerust	—	10	10
TOTAL	—	99	99
Infectious and Formidable Epidemic Diseases.			
Rietfontein, Johannesburg	49	440	489
TOTAL	49	440	489

(IX) HEALTH CENTRES.

Statistics: Table VI, pages 87–88.

In spite of the considerable difficulty which, at times, has been experienced in staffing those centres situated some distance from the larger urban areas, no health centres have had to be closed during the year.

The attendance at all centres has throughout been high, which in itself is proof of the volume of ill-health which seeks and can find relief extra-institutionally. Where necessary domiciliary visits are made by medical officers, nurses, midwives and health assistants.

In spite of the overwhelming demands of ill-health, the emphasis of health centre work still remains health education. This finds its most fruitful field in maternal and child welfare services and the attendance figures are encouraging.

During the year under review health centres were placed under the direct administrative control of regional offices.

(X) DENTAL SERVICES.

Dental services to indigent persons which are provided or subsidised by the Health Department are as follows:—

(*a*) By full-time and part-time dentists at some Health Centres. Owing to the great difficulty in obtaining the necessary staff, only a few full-time posts have been filled. (A full-time dentist provides dental services to indigent patients in the King George V Hospital, Durban).

(*b*) In dental clinics, which employ full-time dental staffs, assisted by honorary dental surgeons. They are financed by grants from the Union Health Department, the Transvaal Provincial Administration and the local authority concerned Dental services to non-European indigent persons are provided at certain clinics in locations. The following are the clinics which are subsidized by the Health Department:—

(1) The City of Cape Town Dental Clinic.
(2) The Johannesburg Coronation Dental Clinic and Associated Clinics.
(3) The Pretoria Dental Clinic.
(4) Springs Dental Clinic.
(5) Vereeniging Dental Clinic.
(6) Boksburg Dental Clinic.
(7) Benoni Dental Clinic.
(8) Orlando Dental Clinic (Johannesburg).

The annual subsidies to these institutions from the Health Department amount to approximately £26,500.

(*c*) In the Oral and Dental Hospitals of the University of the Witwatersrand and of Pretoria, which are staffed by both full-time and part-time dentists, a great deal of dental treatment is provided for indigent persons in addition to the teaching functions. These hospitals also receive a subsidy on a per attendance basis from the Health Department which amounted to £6,226 for the year under review.

(*d*) By private dental practitioners. Extractions done by private dentists for indigent persons are paid for by the Department, and where necessary free dentures are provided. The amount paid for these dentures amounted to approximately £14,000 for the year under review.

Taking the saláries, etc., of the full-time and part-time dentists into consideration, more than £50,000 was spent on dental services.

Dental Caries Research.

The Dental Health Officer continued his experimental investigations on the effect of different diets and fluorine on caries in monkeys. As these experiments take a long time to produce results, it is not yet possible to report on them. The monkeys are housed and fed at the South African Institute for Medical Research and the Health Department greatly appreciates the assistance and co-operation of this institution.

During July the Dental Health Officer visited Kenya on the invitation of the Director of Medical Services to investigate and report on the occurrence of chronic endemic fluorosis in the colony. Large areas were found to be affected and recommendations were made for preventive measure to be taken.

(XI) 1.—THE ADMINISTRATION OF THE FOODS, DRUGS AND DISINFECTANTS ACT No. 13 of 1929.

Statistics: Table VII, page 89.

The rapid development of antibiotic, chemiotherapeutic and other medicinal agents has created a constantly increasing demand for supplies of these new therapeutic substances which are imported into this country.

There has also, during recent years, been unusually rapid development in the food processing and canning industry of this country, the output being intended for both local consumption and export.

The Department is conscious of its statutory obligation in connection with the country's supplies of foods, drugs and disinfectants but the volume of additional work arising from these new developments is already straining the existing inspectorate staff and available laboratory facilities to their utmost.

Every endeavour is however being made to meet the difficulties arising from these extraordinary circumstances, to which the present shortage of technically qualified personnel is adding an additional problem.

2.—ADMINISTRATION OF THE MEDICAL, DENTAL AND PHARMACY ACT (No. 13 OF 1928).

Statistics: Table VII, page 90.

During the year under review active steps were taken to endeavour to establish more effective control over the use of habit-forming drugs in the Union. Particular attention is being paid to the question of the use of methylmorphine (codeine) and pethidine hydrochloride as it has been noted that considerably increased quantities of these drugs have been used in the Union in recent years.

As in previous years considerable quantities of dagga were confiscated in the course of investigations and burned when legal proceedings were finalised. The Inter-departmental Committee of Inquiry into dagga completed its report and published its findings.

The excessive use of the amphetamines is causing the Department great concern and a warning has been issued to medical practitioners to use these addiction producing drugs with discretion.

The Act permits of poisons and preparations containing poison being stocked and sold by general dealers under a system of certificates issued by magistrates. General dealers' premises have been regularly inspected as in the past, and reports have disclosed that the position regarding the observance of the provisions of the Act still leaves much to be desired.

Reports have been received from certain districts of the increasing use of certain poisons, especially strychnine, which is a recognised agent for the destruction of vermin. Large supplies of this poison are stocked and sold by agricultural societies in contraventon of the provisions of the Act, which only permits the stocking and sale of this poison by firms of chemists and druggists, or alternatively the magistrate. Prosecutions have been instituted in this respect and numerous warnings issued.

The Department continues to take suitable steps to endeavour to ensure that the provisions of the Act in regard to the keeping and sale of poisons are complied with in the interests of public safety.

(XII) INTERNATIONAL HEALTH.

Mention was made in the Annual Report on the work of the Department for 1947 of the fact that the Union was a member of the World Health Organisation. The report also reviewed in some detail the events leading up to the establishment of the Organisation as well as its aims and objects. Since ratifying the constitution in August, 1947, the Union has played a prominent role in the activities of the Organisation and has been represented at all meetings of the World Health Assembly and several other meetings and conferences held under the auspices of the Organisation.

During 1952 the Union was represented at the undermentioned meetings convened by the World Health Organisation:—

Fifth World Health Assembly held at Geneva from the 5th to 22nd May, 1952.	*Chief Delegate.*—Dr. B. M. Clark, Deputy Chief Health Officer, Department of Health. *Delegate.*—Mr. A. A. M. Hamilton, Political Secretary, South Africa House, London.
Second Meeting of the African Regional Committee of the World Health Organisation held at Monrovia, Liberia, from the 31st July to 7th August, 1952	*Union's Representative.*—Dr. J. J. du Pré le Roux, Secretary for Health and Chief Health Officer for the Union.

Dr. J. J. du Pré le Roux was also a member of the Union's Delegation to the undermentioned meetings convened by the Commission for Technical Co-operation in Africa South of the Sahara (C.C.T.A.):—

Fifth Session of C.C.T.A. held at Cape Town from the 28th January to the 2nd February, 1952.

C.C.T.A. Conference on Housing in Africa South of the Sahara held at Pretoria from the 17th to the 28th November, 1952.

An important development in the field of international health was the adoption by the Fourth World Health Assembly, held at Geneva in 1951, of the International Sanitary Regulations. The purpose of these regulations is to bring about a measure of uniformity in the steps taken by different countries to prevent the spread of the principal epidemic diseases by means of international travel and traffic and, more particularly, to ensure that, while adequate safeguards are permitted, the steps taken

do not exceed those which are mutually agreed upon as being necessary to meet the health requirements in the particular circumstances. The objects referred to had been achieved to a considerable degree by several international conventions to which the Union, in common with most other countries, was a signatory but the rapidly changing conditions of international travel had created a need for a revision of such agreements with a view to their being brought into line with modern public health thought and practice and to their consolidation into a single code for universal adoption. The World Health Organisation was the obvious body to undertake this work and accordingly, after long and careful deliberation, the regulations were finalized and, as previously mentioned, were adopted by the Fourth Assembly in 1951.

The Union is a yellow fever receptive area and, due to its geographical position at the extremity of the African continent, is particularly vulnerable to this disease. Yellow fever has not as yet made its appearance in the Union and one of the Department's duties is to take all reasonable steps to ensure that it is not introduced. It was considered that the International Sanitary Regulations did not make adequate provisions for the circumstances in which the Union finds itself in this connection and accordingly we, in common with several other countries, were unable to agree to the adoption of these regulations in their entirety. The reservations to the regulations which the Union felt itself compelled to make were accordingly put forward at the Fifth World Health Assembly, held at Geneva in 1952, when it was found possible to withdraw some of them after discussions and explanations, while others were accepted by the Assembly, in some cases in a modified form. The effect of this was that the Union accepted the International Sanitary Regulations with certain reservations and thus retains the right to take the steps which are considered necessary by this Department to prevent the introduction of yellow fever into the country.

In order to put this into effect the International Sanitary Regulations Act (Act No. 38 of 1952) was passed and regulations under the act were subsequently promulgated. Previous legislation on the subject was repealed and the new act came into operation on 1st October, 1952. The administration of the new legislation has given rise to no difficulty and in fact has made very little practical difference as the measures taken by the Union in this connection have never been more than those regarded as the minimum compatable with the public safety from a health point of view.

(XIII)— LEGISLATION.

The following legislation sponsored by the Minister of Health was passed by Parliament during 1952:—

The Public Health Amendment Act No. 44 of 1952;
The International Sanitary Regulations Act, No. 38 of 1952; and
The Post Mortem Examinations and Removal of Human Tissue Act No. 30 of 1952.

Arising out of a resolution adopted at a conference on financial relations between the Central Government, the Provinces and local authorities held in Pretoria during 1949 under the chairmanship of the Minister of Finance, a committee was appointed by the Minister of Health to investigate and make recommendations regarding financial relations in respect of health services, with particular reference, *inter alia*, to the question of the unification of all refunds payable under the Public Health Acts.

The Public Health Amendment Act No. 44 of 1952 mainly gives effect to the short term recommendations of the above committee. It provides, *inter alia*, for more generous refunds to local authorities on the approved expenditure incurred by them on services which are eligible for part-refund in terms of the Public Health Act No. 36 of 1919 and Acts Nos. 57 of 1935 and 51 of 1946 and to charitable organisations in respect of expenditure on district nursing services, the introduction of a uniform rate of refund (seven-eighths) in respect of approved expenditure incurred on the relative services, except in the case of refunds on the salaries of health officers in terms of section 16 of Act No. 36 of 1919, where the refund rate remains at one-third, although the limits in respect of the total annual refund are removed, and for the forfeiture by local authorities and Provincial Administrations of any claim to refunds on the emoluments of personnel employed by them on refundable services, if their emoluments exceed those prescribed by the Minister in respect of the posts in which they are employed. This principle also applies to the emoluments of nurses employed by charitable organisations on district nursing services established under Section 14 of Act No. 57 of 1935.

Provision is also made in the Amendment Act for the payment of grants-in-aid towards the transport costs incurred by local authorities and charitable organisations in connection with district nursing services and for the reconstitution of the National Health Council with a slightly reduced membership.

The International Sanitary Regulations Act, No. 38 of 1952, provides for the enforcement in the Union, subject to certain reservations, of the International Sanitary Regulations adopted by the Fourth World Health Assembly in 1951.

The provisions of this Act are reviewed in general in Chapter XII of this report.

The Post Mortem Examinations and Removal of Human Tissues Act, No. 30 of 1952, legalises the performance by authorised medical practitioners of necessary post mortem examinations, the removal of tissue from human bodies and the safe-keeping of such tissue for therapeutic and scientific purposes, subject to certain safeguards.

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WEINBREN, K., Radiologist attached to King George V Hospital, Durban:—
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(XV) STATISTICS.

TABLE I.—VITAL STATISTICS.

(1) Summary of Vital Statistics of European Population. 1920–1952.
(2) Estimated Population by Race. 1947–53.
(3) Comparison of Birth, Death and Natural Increase Rates amongst Europeans in the Union with other Countries.
(4) Infant Mortality Rates.—Europeans in the Union compared with other Countries.
(5) European Infants.—Births and Deaths under one year registered, and Infantile Mortality Rate, Death Rates per 1,000 Live Births. 1919–51.
(6) Infant Mortality. Asiatics and Mixed. 1945–51.
(7) Maternal Mortality. Europeans. 1926–51.
(8) Maternal Mortality. Asiatics and Mixed. 1940–51.

(9) (*a*) European Deaths from Puerperal Causes by Age Groups. 1946–48.
(*b*) European Deaths from Puerperal Causes (In accordance with the New International Classification of Causes of Death adopted by W.H.O.) 1949–51.

TABLE A.—EPIDEMIOLOGY (GENERAL TABLES).

Infectious Diseases:—

(i) Cases notified. 1st July, 1947 to 30th June, 1948.
(ii) Deaths. 1st July, 1947 to 30th June, 1948.
(iii) Cases notified. 1st July, 1948 to 30th June, 1949.
(iv) Deaths. 1st July, 1948 to 30th June, 1949.
(v) Notified Deaths. Calendar years, 1947–51.
(vi) Notifications of Cases and Deaths. 1st July, 1950 to 31st December, 1951.
(vii) Notifications of Cases and Deaths. 1st January, 1952 to 31st December, 1952.

TABLE (II)—EPIDEMIOLOGY (INDIVIDUAL DISEASES).

(1) *Diphtheria*:—
(*a*) Incidence of Deaths per 100,000 European Population.
(*b*) Distribution of Cases and Deaths by Race and Age. 1st July, 1947 to 31st December, 1952.

(2) *Leprosy*:—
(*a*) Leper Institutions, Patients therein. 30th June, 1947 to 31st December, 1952.
(*b*) First Admissions, Recrudesced Cases, Discharges and Deaths. 1st July, 1947 to 31st December, 1952.
(*c*) Cases remaining in their own homes. 1st July, 1947 to 31st December, 1952.

(3) *Malaria*:—
(*a*) Huts Treated with Residual Insecticides. 1st July, 1947 to 31st December, 1952.
(*b*) Vectors found in Check Spraying. 1st July, 1947 to 31st December, 1952.
(*c*) Number of Positive Smears Examined. 1st July 1942 to 30th June, 1952.

(4) *Plague*:—
(*a*) Summary of Distribution of Human Plague. 1st July, 1947 to 31st December, 1952.
(*b*) Distribution of Human Plague. Districts Affected. 1st July, 1947 to 31st December, 1952.

(5) *Poliomyelitis*:—
(*a*) Monthly Incidence of Reported Cases by Race. 1st July, 1947 to 31st December, 1952.
(*b*) Number of Cases notified and their Distribution. 1st July, 1933 to 31st December, 1952.
(*c*) Notifications and Deaths by Race. 1st January, 1952 to 31st December, 1952.
(*d*) Distribution of Cases and Deaths by Race and Age. 1st January, 1952 to 31st December, 1952.
(*e*) Distribution of Cases and Deaths by Race and Area. 1st January, 1952 to 31st December, 1952.

(6) *Rabies*.—Distribution of Human Contacts. 1st July, 1949 to 31st December, 1952.
(7) *Smallpox*.—Provincial Incidence of Cases. 1st July, 1945 to 31st December, 1952.
(8) *Tuberculosis*. Deaths (all forms)—by Race, Sex and Age. 1945–51.
(9) *Typhoid Fever*. Distribution of Cases and Deaths. 1st July, 1947 to 31st December, 1952.
(10) *Typhus*:—
(*a*) Monthly Incidence according to Provinces. 1st July, 1946 to 31st December, 1952.
(*b*) Number of Cases in the Union. 1st July, 1932 to 31st December, 1952.
(*c*) Yearly Incidence. 1st July, 1946 to 31st December, 1952.

TABLE III.—HEALTH CONTROL AT SEAPORTS AND AIRPORTS.

(1) Ports of the Union: Health Measures. 1st July, 1947 to 31st December, 1952.
(2) Monthly Totals of Aircraft arriving from outside the Union at Sanitary Airports. 1st July, 1947 to 31st December, 1952.
(3) Annual Totals of Aircraft arriving from outside the Union at Durban Airport. 1st July, 1949 to 31st December, 1952.

TABLE IV.—NURSING, MATERNITY AND CHILD WELFARE SERVICES.

(1) District Nursing Services, Part-refunds paid. 1947–52.
(2) Summary of Work done by D.C.H.O. Regions. 1st January, 1952 to 31st December, 1952.

TABLE V.—LABORATORIES AND BIOLOGICAL CONTROL.

(1) Analysis and Examinations. 1st July, 1947 to 31st December, 1952.
(2) Number of Examinations performed. 1st July, 1947 to 31st December, 1952.
(3) Nature of Examinations performed. 1st July, 1947 to 31st December, 1952.

Government Vaccine Institute, Cape.

(4) Work carried out. 1st July, 1947 to 31st December 1952.
(5) Lymph issue free in the Union. 1st July, 1947 to 31st December, 1952.
(6) Sales outside the Union. 1st January, 1952 to 31st December, 1952.

TABLE VI.—HEALTH CENTRES. Summary of work done.

TABLE VII.—STATUTORY INSPECTION SERVICES.

Food, Drugs and Disinfectants Act No. 13 of 1929.

(1) Samples taken for Examination or Analysis. 1st July, 1947 to 31st December, 1952.

Medical, Dental and Pharmacy Act No. 13 *of* 1928.

(2) Prosecutions and Convictions under laws relating to Habit-forming Drugs. 1st July, 1947 to 31st December, 1952.
(3) Licences and Permits issued under the Therapeutic Substances Regulations. 1st July, 1947 to 31st December, 1952.
(4) Examinations carried out under the Therapeutic Substances Regulations 1st July, 1947 to 31st December, 1952.
(5) Narcotic Drugs imported into the Union of South Africa. 1948–52.

Table 1 (1).—Union of South Africa—Summary of Vital Statistics of European Population, 1920–52.

Calendar Year.	European Population (estimated).	Birth Rate per 1,000 of Population.	Death Rate per 1,000 of Population.				Death Rate per 100,000 of Population from Tuberculosis (all forms).‡									Percentage of Total Deaths, the Cause of which was Medically Certified.	Infantile Mortality Rate (Deaths of Infants under 1 year per 1,000 live births Registered).	Maternal Mortality Rate (Deaths of Mothers in connection with Pregnancy or Childbirth per 1,000 Live Births Registered).	Survival Rate of Rate of Natural Increase (Excess of Births over Deaths per 1,000 of Population.)
			Actual or Crude.	Diseases of Heart and Circulatory System.	Pneumonia and Bronchitis.	Cancer.	Cape Province.		Transvaal.		Orange Free State.		Natal.		Union.				
							Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.					
1920	1,499,911	28·97	11·09	95·67*	113·87*	58·87*	¶	¶	¶	¶	¶	¶	¶	¶	45·93*	79·78	90·07	4·10*	17·88
1921	1,519,488†	28·44	10·41	102·91	136·15	69·09	¶	¶	¶	¶	¶	¶	¶	¶	58·26	80·76	77·09	4·94	18·03
1922	1,536,241	27·52	9·48	97·99	127·24	70·88	¶	¶	¶	¶	¶	¶	¶	¶	47·74	82·96	72·91	5·21	18·04
1923	1,579,733	26·70	9·77	108·50	120·72	78·94	55·03	52·43	74·45	21·12	19·91	17·17	41·62	40·45	46·46	82·77	74·42	5·22	16·93
1924	1,610,774	26·29	9·62	123·92	123·79	76·36	67·04	82·82	84·54	23·41	14·71	22·25	50·93	36·38	51·59	84·74	73·73	4·75	16·67
1925	1,637,472	26·51	9·39	128·86	97·04	72·86	65·65	62·14	74·27	21·84	30·01	12·59	73·89	40·51	52·70	86·45	68·39	5·62	17·12
1926	1,676,660†	26·16	9·59	127·21	113·44	71·18	58·97	57·36	95·54	24·41	24·89	16·22	49·23	39·85	53·41	87·76	64·82	4·56	16·57
1927	1,708,955	25·95	9·73	122·76	110·42	73·20	61·36	59·87	78·78	17·87	24·58	12·98	71·95	28·73	50·50	89·93	70·62	4·80	16·22
1928	1,738,937	25·77	10·15	133·53	127·52	77·72	60·72	56·51	85·08	20·72	31·76	15·74	54·99	25·55	50·95	89·93	70·49	4·98	15·62
1929	1,767,719	26·15	9·51	127·11	104·04	77·44	57·98	51·63	72·48	18·08	22·16	17·47	44·58	22·56	45·37	90·19	64·22	5·26	16·64
1930	1,797,900	26·44	9·69	132·33	112·87	82·62	62·20	50·58	73·84	18·96	23·47	6·87	51·74	31·51	46·78	91·15	66·84	5·26	16·75
1931	1,829,300	25·38	9·37	131·53	103·75	85·55	55·79	55·75	64·26	15·05	24·81	11·92	54·26	26·35	44·22	90·46	63·07	4·70	16·01
1932	1,859,400	24·17	9·97	137·52	113·75	89·06	51·02	54·55	59·19	16·40	20·02	15·83	58·63	24·66	42·33	90·84	68·57	5·31	14·20
1933	1,890,300	23·55	9·35	142·52	100·30	95·33	57·48	54·40	52·21	14·58	22·86	6·90	46·86	19·63	40·86	91·45	61·01	4·81	14·20
1934	1,914,700	23·44	9·68	156·21	94·53	92·39	50·85	50·23	52·30	16·50	19·03	12·77	50·31	26·97	39·54	91·91	60·79	5·99	13·76
1935	1,973,700	24·18	10·45	169·58	131·98	95·76	50·85	56·52	49·18	16·83	14·63	26·16	43·39	28·72	40·43	92·55	62·81	4·73	13·72
1936	2,008,700	24·21	9·57	154·38	106·19	97·28	46·61	44·72	45·28	12·57	18·65	9·08	45·03	15·69	34·40	92·88	59·06	5·10	14·64
1937	2,043,700	24·90	10·08	172·97	113·62	106·57	47·19	50·17	41·72	16·39	13·74	15·14	44·56	27·78	36·40	93·17	56·57	4·38	14·81
1938	2,081,400	25·01	9·48	153·55	102·53	103·44	54·90	51·75	42·42	13·54	18·65	11·10	60·54	28·28	38·34	94·20	51·69	3·69	15·53
1939	2,116,500	25·29	9·40	170·42	90·05	104·75	54·44	43·81	43·05	14·32	21·59	10·09	52·79	17·87	36·19	94·32	49·48	3·61	15·88
1940	2,152,700	25·29	9·42	190·18	89·93	102·80	52·03	50·68	37·74	11·23	12·76	12·11	57·29	18·55	35·12	94·75	50·02	3·37	15·87
1941	2,188,200	24·94	9·47	197·61	86·14	109·40	54·83	43·83	38·11	11·90	10·00	11·11	48·62	25·45	34·26	94·95	50·93	2·49	15·47
1942	2,230,000	25·18	9·35	199·69	81·97	109·33	59·71	44·95	38·20	14·95	15·00	7·07	54·05	24·11	36·19	94·83	47·52	2·83	15·83
1943	2,265,000	25·94	9·53	211·92	92·23	109·98	51·67	45·11	36·52	10·25	12·00	13·13	46·90	26·32	33·16	95·25	45·60	2·85	16·41
1944	2,300,000	26·63	9·33	214·83	84·78	111·96	55·32	51·90	31·87	12·17	17·00	5·05	55·65	12·07	34·17	95·03	42·53	2·20	17·30
1945	2,335,000	25·48	9·32	236·10	85·65	112·59	54·46	43·53	34·70	10·51	13·00	7·07	46·15	22·88	32·46	95·59	40·33	2·10	16·16
1946	2,372,690†	26·92	8·65	211·64	78·15	107·52	57·24	43·94	28·73	11·05	12·75	8·00	57·63	24·17	32·57	96·02	35·90	1·77	18·27
1947	2,434,000	27·23	8·63	219·06	77·04	107·80	57·69	40·63	29·95	9·04	10·48	10·39	59·84	21·14	31·75	96·87	34·39	1·37	18·60
1948	2,505,000	26·54	8·90	241·90	83·80	112·70	55·80	41·80	28·00	8·06	15·60	16·90	44·90	26·00	30·81	97·20	36·00	1·50	17·60
1949	2,567,000	25·91	8·38	207·01	77·52	115·31	51·97	34·27	37·46	8·68	14·29	12·96	48·48	19·70	26·64	97·51	36·63	1·13	17·08
1950	2,610,000	25·09	8·70	202·41	72·45	118·35	49·02	34·90	33·89	7·47	8·77	1·82	29·63	11·85	24·48	97·50	35·74	0·95	16·39
1951	2,650,000	25·07	8·82	223·63	70·60	116·07	39·35	26·48	15·60	8·17	6·03	6·19	32·85	18·84	21·41	97·90	33·52	1·12	16·25
1952	2,695,000	25·92	8·62	§	§	§	§	§	§	§	§	§	§	§	§	§	34·64	§	17·30

* Medically certified deaths only. Rates for subsequent years calculated on the total deaths registered.
† Actual (per census).
‡ Includes miner's phthisis combined with pulmonary tuberculosis.
§ Not yet available.
¶ Not available.
‖ Preliminary figures.

TABLE I (2).—ESTIMATED POPULATION BY RACE (AS AT 30TH JUNE, EACH YEAR).

Year.	Province.	European.			Native.			Asiatic.			Coloured.		
		Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
1947...	Cape	441,000	444,000	885,000	1,085,000	1,287,000	2,372,000	9,000	7,000	16,000	431,000	430,000	861,000
	Natal	122,000	123,000	245,000	835,000	896,000	1,731,000	126,000	120,000	246,000	14,000	13,000	27,000
	Transvaal	557,000	539,000	1,096,000	1,820,000	1,384,000	3,204,000	22,000	18,000	40,000	32,000	31,000	63,000
	Orange Free State	105,000	103,000	208,000	341,000	348,000	689,000	—	—	—	7,000	7,000	14,000
	UNION	1,225,000	1,209,000	2,434,000	4,081,000	3,915,000	7,996,000	157,000	145,000	302,000	484,000	481,000	965,000
1948...	Cape	449,000	454,000	903,000	1,100,000	1,301,000	2,401,000	9,000	7,000	16,000	446,000	444,000	890,000
	Natal	127,000	128,000	255,000	846,000	904,000	1,750,000	133,000	126,000	259,000	14,000	14,000	28,000
	Transvaal	575,000	558,000	1,133,000	1,851,000	1,423,000	3,274,000	23,000	20,000	43,000	33,000	33,000	66,000
	Orange Free State	109,000	105,000	214,000	356,000	356,000	712,000	—	—	—	7,000	7,000	14,000
	UNION	1,260,000	1,245,000	2,505,000	4,153,000	3,984,000	8,137,000	165,000	153,000	318,000	500,000	498,000	998,000
1949...	Cape	456,000	461,000	917,000	1,115,000	1,315,000	2,430,000	9,000	8,000	17,000	461,000	460,000	921,000
	Natal	132,000	132,000	264,000	856,000	913,000	1,769,000	140,000	132,000	272,000	14,000	15,000	29,000
	Transvaal	590,000	576,000	1,166,000	1,884,000	1,460,000	3,344,000	24,000	21,000	45,000	35,000	34,000	69,000
	Orange Free State	112,000	108,000	220,000	370,000	364,000	734,000	—	—	—	7,000	7,000	14,000
	UNION	1,290,000	1,277,000	2,567,000	3,225,000	4,052,000	8,277,000	173,000	161,000	334,000	517,000	516,000	1,033,000
1950...	Cape	461,000	467,000	928,000	1,130,000	1,329,000	2,459,000	10,000	7,000	17,000	475,000	476,000	951,000
	Natal	135,000	135,000	270,000	867,000	921,000	1,788,000	147,000	140,000	287,000	15,000	15,000	30,000
	Transvaal	599,000	589,000	1,188,000	1,915,000	1,499,000	3,414,000	25,000	22,000	47,000	37,000	36,000	73,000
	Orange Free State	114,000	110,000	224,000	385,000	372,000	757,000	—	—	—	7,000	7,000	14,000
	UNION	1,309,000	1,301,000	2,610,000	4,297,000	4,121,000	8,418,000	182,000	169,000	351,000	534,000	534,000	1,068,000
1951...	Cape	465,000	472,000	937,000	1,145,000	1,343,000	2,488,000	10,000	8,000	18,000	492,000	492,000	984,000
	Natal	137,000	138,000	275,000	877,000	930,000	1,807,000	154,000	146,000	300,000	16,000	16,000	32,000
	Transvaal	609,000	600,000	1,209,000	1,948,000	1,537,000	3,485,000	26,000	23,000	49,000	38,000	38,000	76,000
	Orange Free State	116,000	113,000	229,000	399,000	380,000	779,000	—	—	—	8,000	7,000	15,000
	UNION	1,327,000	1,323,000	2,650,000	4,369,000	4,190,000	8,559,000	190,000	177,000	367,000	554,000	553,000	1,107,000
1952...	Cape	470,000	478,000	948,000	1,160,000	1,358,000	2,518,000	10,000	8,000	18,000	506,000	506,000	1,012,000
	Natal	140,000	141,000	281,000	887,000	938,000	1,825,000	158,000	151,000	309,000	16,000	17,000	33,000
	Transvaal	620,000	613,000	1,233,000	1,980,000	1,575,000	3,555,000	27,000	24,000	51,000	39,000	40,000	79,000
	Orange Free State	119,000	114,000	233,000	414,000	388,000	802,000	—	—	—	8,000	7,000	15,000
	UNION	1,349,000	1,346,000	2,695,000	4,441,000	4,259,000	8,700,000	195,000	183,000	378,000	569,000	570,000	1,139,000
1953...	Cape	477,000	485,000	962,000	1,175,000	1,371,000	2,546,000	10,000	8,000	18,000	519,000	521,000	1,040,000
	Natal	145,000	145,000	290,000	898,000	947,000	1,845,000	162,000	155,000	317,000	16,000	18,000	34,000
	Transvaal	635,000	629,000	1,264,000	2,012,000	1,613,000	3,625,000	27,000	25,000	52,000	41,000	41,000	82,000
	Orange Free State	121,000	117,000	238,000	429,000	396,000	825,000	—	—	—	8,000	7,000	15,000
	UNION	1,378,000	1,376,000	2,754,000	4,514,000	4,327,000	8,841,000	199,000	188,000	387,000	584,000	587,000	1,171,000

TABLE I (3).—COMPARISON OF BIRTH, DEATH AND NATURAL INCREASE RATE AMONG EUROPEANS IN THE UNION WITH OTHER COUNTRIES.—AVERAGE RATES FOR THREE-YEARLY PERIODS (BASED ON LATEST AVAILABLE INFORMATION).

Countries.	Birth Rate.	Death Rate.	Natural Increase.
Union of South Africa	25·4	8·7	16·7
Holland	27·7	8·0	19·7
Canada	27·5	9·4	18·1
Portugal	25·0	13·6	11·4
New Zealand	25·7	9·4	16·3
Italy	22·0	11·3	10·7
Australia	23·1	9·8	13·3
Germany	16·8	12·3	4·5
United States of America	27·9	9·9	18·0
England and Wales	19·2	11·8	7·4
France	20·8	12·9	7·9

TABLE I (4).—INFANTILE MORTALITY RATES.—EUROPEANS IN THE UNION COMPARED WITH OTHER COUNTRIES. AVERAGE RATES FOR THREE-YEARLY PERIODS (BASED ON LATEST AVAILABLE INFORMATION).

New Zealand	28
Holland	34
Australia	29
Union of South Africa	34
England and Wales	39
Canada	45
Germany	68
France	61
Belgium	70
Italy	80
Lithuania	118
Portugal	109

TABLE I (5).—EUROPEAN INFANTS—BIRTHS AND DEATHS UNDER ONE YEAR REGISTERED AND INFANTILE MORTALITY RATE, DEATH RATE PER 1,000 LIVE BIRTHS, 1919–51.

Year.	CAPE.			NATAL.			TRANSVAAL.			ORANGE FREE STATE.			UNION.		
	Total Ruropean Births Registered.	Deaths of European Children under One Year.	Death-rate per 1,000 Births.	Total European Births Registered.	Deaths of European Children under One Year.	Death-rate per 1,000 Births.	Total Ruropean Births Registered.	Deaths of European Children under One Year.	Death-rate per 1,000 Births.	Total European Births Registered.	Deaths of European Children under One Year.	Death-rate per 1,000 Births.	Total European Births Registered.	Deaths of European Children under One Year.	Death-rate per 1,000 Births.
1919	16,749	1,351	80·66	2,910	191	65·64	15,338	1,326	86·45	4,727	382	80·81	39,724	3,250	81·81
1920	18,425	1,654	89·77	3,256	235	72·17	16,768	1,576	93·99	4,996	448	89·67	43,445	3,913	90·07
1921	18,062	1,382	76·51	3,370	203	60·24	16,582	1,374	82·86	5,288	379	71·67	43,302	3,338	77·09
1922	18,248	1,294	70·91	3,294	180	54·64	16,370	1,292	78·92	4,920	357	72·56	42,832	3,123	72·91
1923	18,296	1,353	73·95	3,229	197	61·01	15,619	1,261	80·74	5,037	328	65·12	42,181	3,139	74·42
1924	18,730	1,296	69·19	3,410	273	80·06	15,287	1,171	76·60	4,919	382	77·66	42,346	3,122	73·73
1925	18,366	1,343	73·12	3,509	206	58·71	16,348	1,059	64·78	5,188	361	69·58	43,411	2,969	68·32
1926	18,675	1,196	64·04	3,588	189	52·68	16,304	1,186	72·74	5,309	273	51·42	43,876	2,844	64·83
1927	18,537	1,293	69·75	3,435	166	48·32	17,050	1,359	79·71	5,325	314	58·97	44,347	3,132	70·63
1928	18,032	1,240	68·77	3,514	184	52·36	17,949	1,370	76·33	5,318	365	68·63	44,813	3,159	70·49
1929	19,008	1,169	61·50	3,650	177	48·49	18,227	1,342	73·63	5,334	280	52·49	46,219	2,968	64·22
1930	19,468	1,332	68·37	3,641	159	43·65	19,108	1,386	72·54	5,317	300	56·42	47,534	3,177	66·63
1931	19,180	1,182	61·63	3,538	162	45·79	18,733	1,267	67·65	4,975	317	63·72	46,423	2,928	64·07
1932	18,284	1,205	65·90	3,373	204	60·48	18,376	1,402	76·30	4,911	271	55·18	44,944	3,082	68·57
1933	17,931	995	54·49	3,441	166	48·24	18,452	1,266	68·61	4,695	299	63·68	44,519	2,716	61·01
1934	17,642	1,022	57·93	3,310	157	47·43	19,327	1,279	66·18	4,599	270	58·71	44,878	2,728	60·79
1935	18,242	1,016	55·70	3,441	167	48·53	21,109	1,537	72·81	4,925	277	56·24	47,717	2,997	62·81
1936	18,162	980	53·96	3,606	187	52·41	22,192	1,454	65·52	4,670	249	53·32	48,630	2,872	59·06
1937	18,404	1,012	54·99	3,766	175	46·47	23,814	1,439	60·43	4,894	252	51·49	50,878	2,878	56·57
1938	18,727	962	51·37	3,886	193	49·67	24,568	1,322	53·81	4,884	214	43·82	52,065	2,691	51·69
1939	19,022	984	51·73	4,056	151	37·23	25,795	1,304	50·55	4,644	209	45·00	53,517	2,648	49·48
1940	19,091	872	45·68	4,218	224	53·11	26,383	1,431	54·24	4,747	198	41·71	54,439	2,725	50·06
1941	19,026	884	46·46	4,361	180	41·27	26,711	1,481	55·74	4,471	226	50·55	54,569	2,779	50·93
1942	19,422	958	49·38	4,445	202	45·44	27,615	1,298	47·00	4,661	212	45·48	56,143	2,670	47·52
1943	20,169	921	45·66	4,802	199	41·44	28,937	1,448	50·40	4,857	212	43·65	58,765	2,780	47·31
1944	20,540	836	40·70	5,057	181	35·79	30,682	1,386	45·17	4,974	202	40·61	61,253	2,605	42·53
1945	20,247	788	38·93	4,856	174	35·83	29,401	1,238	42·11	4,985	199	39·92	59,489	2,399	40·33
1946	21,354	747	34·98	5,554	189	33·85	32,049	1,189	37·10	5,104	176	34·48	64,060	2,300	35·90
1947	22,044	729	33·07	5,713	180	31·51	33,343	1,188	35·63	5,201	183	35·19	66,301	2,280	34·39
1948	22,235	769	34·59	5,848	149	25·48	32,963	1,242	37·68	5,431	233	42·90	66,477	2,393	36·00
1949	22,180	830	37·42	5,931	174	29·34	33,094	1,302	39·35	5,323	252	47·36	66,523	2,558	38·50
1950	21,468	732	34·09	5,775	168	29·09	32,744	1,200	36·65	5,505	241	43·78	65,492	2,341	35·74
1951	21,633	717	33·14	5,947	158	26·57	32,907	1,121	34·07	5,771	225	38·99	66,258	2,221	33·52

Table I (6).—Infantile Mortality—Asiatics and Mixed.

Province.	Asiatics.			Mixed and Other Coloured.		
	Live Births.	Infantile Deaths.	Rate per 1,000 Births.	Live Births.	Infantile Deaths.	Rate per 1,000 Births.
1945.						
Cape	395	41	103·80	37,083	5,631	149·15
Natal	9,003	730	81·84	1,009	109	108·03
Transvaal	1,541	131	85·01	2,002	299	149·35
Orange Free State	—	—	—	351	68	193·73
Union	10,939	902	82·46	40,445	6,107	151·00
1946.						
Cape	395	29	73·42	38,378	4,884	127·26
Natal	8,630	690	79·95	1,033	107	103·58
Transvaal	1,628	139	85·38	2,151	285	132·50
Orange Free State	1	—	—	300	49	163·33
Union	10,654	858	80·53	41,862	5,325	127·20
1947.						
Cape	467	39	83·51	40,262	5,168	128·36
Natal	9,780	710	72·60	1,087	97	89·24
Transvaal	1,839	141	76·67	2,315	315	136·07
Orange Free State	—	—	—	345	74	214·49
Union	12,086	890	73·64	44,009	5,654	128·47
1948.						
Cape	426	41	96·24	43,003	5,650	131·39
Natal	10,109	763	75·48	1,157	111	95·94
Transvaal	1,871	153	81·77	2,529	374	147·88
Orange Free State	—	—	—	339	59	174·04
Union	12,406	957	77·14	47,028	6,194	131·71
1949.						
Cape	512	38	74 ·22	44,803	5,460	121·87
Natal	9,905	632	63·80	1,227	98	79·87
Transvaal	1,944	171	87·96	2,717	354	130·29
Orange Free State	—	—	—	430	74	172·09
Union	12,361	841	75·33	49,177	5,986	126·03
1950.						
Cape	538	38	70·63	45,736	6,187	135·25
Natal	10,855	737	67·80	1,180	111	94·07
Transvaal	1,991	142	71·32	2,799	340	125·04
Orange Free State	—	—	—	412	91	220·87
Union	13,384	917	69·92	50,127	6,729	134·04
1951.						
Cape	582	44	75·60	48,289	5,979	123·82
Natal	10,461	642	61·37	1,361	116	85·23
Transvaal	1,971	128	64·94	2,965	427	144·01
Orange Free State	—	—	—	448	94	209·82
Union	13,014	814	62·55	53,063	6,616	124·68

Table I (7).—Maternal Mortality—Europeans.

Year.	Live Births Registered.	Deaths due to Puerperal Causes.				
		Number.		Rates per 1,000 Live Births.		
		Puerperal Sepsis.	Other Puerperal Causes.	Puerperal Sepsis.	Other Puerperal Causes.	Total Puerperal Mortality.
1926	43,876	88	112	2·06	2·50	4·56
1927	44,347	101	112	2·28	2·53	4·81
1928	44,809	102	121	2·28	2·70	4·98
1929	46,219	140	103	3·03	2·23	5·25
1930	47,536	119	131	2·50	2·76	5·26
1931	46,423	116	102	2·50	2·20	4·70
1932	44,944	126	113	2·80	2·51	5·31
1933	44,519	113	101	2·54	2·27	4·81
1934	44,878	121	148	2·69	3·30	5·99
1935	47,717	119	107	2·49	2·24	4·73
1936	48,630	116	132	2·39	2·71	5·10
1937	50,878	99	124	1·94	2·44	4·38
1938	52,065	78	114	1·50	2·19	3·69
1939	53,517	69	124	1·29	2·32	3·61
1940	54,439	67	116	1·23	2·13	3·36
1941	54,569	46	90	0·84	1·65	2·49
1942	56,143	60	99	1·07	1·76	2·83
1943	58,765	45	122	0·77	2·08	2·85
1944	61,253	42	93	0·68	1·52	2·20
1945	59,489	26	99	0·44	1·66	2·10
1946	64,060	24	89	0·38	1·39	1·77
1947	66,301	24	67	0·36	1·01	1·37
1948	66,477	18	79	0·27	1·19	1·46
1949	66,523	13	62	0·20	0·93	1·13
1950	65,492	14	48	0·21	0·73	0·94
1951	66,258	8	66	0·12	1·00	1·12

Table I (8).—Maternal Mortality—Asiatics and Mixed Union.

Year.	Live Births Registered.	Deaths due to Puerperal Causes.				
		Number.		Rates per 1,000 Live Births.		
		Puerperal Sepsis.	Other Puerperal Causes.	Puerperal Sepsis.	Other Puerperal Causes.	Total Puerperal Mortality.
Asiatics.						
1940	9,531	16	37	1·68	3·88	5·56
1941	9,841	16	44	1·63	4·47	6·10
1942	10,262	26	40	2·53	3·90	6·43
1943	10,893	26	40	2·39	3·67	6·06
1944	11,092	23	41	2·07	3·70	5·77
1945	10,939	13	44	1·19	4·02	5·21
1946	10,654	10	37	0·94	3·47	4·41
1947	12,086	7	29	0·58	2·40	2·98
1948	12,406	9	23	0·73	1·85	2·58
1949	13,361	5	15	0·37	1·12	1·49
1950	13,384	6	37	0·45	2·76	3·21
1951	13,014	3	33	0·23	2·54	2·77
Mixed and Other Coloured.						
1940	38,366	81	129	2·11	3·36	5·47
1941	38,412	88	121	2·29	3·15	5·44
1942	36,631	57	111	1·56	3·03	4·59
1943	37,697	64	128	1·70	3·40	5·10
1944	38,625	55	120	1·42	3·11	4·53
1945	40,445	38	134	0·94	3·31	4·25
1946	41,862	41	91	0·98	2·17	3·15
1947	44,009	36	87	0·82	1·98	2·80
1948	47,028	27	103	0·57	2·19	2·76
1949	49,177	19	119	0·39	2·42	2·81
1950	50,127	18	115	0·36	2·29	2·65
1951	53,063	4	128	0·08	2·41	2·49

Table I (9) (*a*) European Deaths from Puerperal Causes by Age Groups.

Causes.	1946. All Ages.	15–19.	20–24.	25–29.	30–34.	35–39.	40–44.	45 and Over.	1947. All Ages.	15–19.	20–24.	25–29.	30–34.	35–39.	40–44.	45 and Over.	1948. All Ages.	15–19.	20–24.	25–29.	30–34.	35–39.	40–44.	45 and Over.
Post Abortive Infection.																								
Spontaneous, Therapeutic or Unspecified Origin	7	—	1	1	2	3	—	—	6	—	2	1	1	2	—	—	6	1	2	1	1	1	—	—
Abortion induced for reasons other than Therapeutic	1	—	—	—	—	1	—	—	6	—	1	1	1	2	1	—	—	—	—	—	—	—	—	—
Aborton without Mention of Septic Condition.																								
Spontaneous, Therapeutic or of Unspecified Origin	3	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	3	—	—	—	2	1	—	—
Abortion induced for reasons other than Therapeutic	1	—	—	—	—	1	—	—	1	—	—	1	—	—	—	—	1	—	—	—	—	—	—	1
Ectopic Gestation	12	—	2	1	5	3	1	—	6	—	—	2	2	1	1	—	10	—	1	1	4	4	—	—
Haemorrhage and Diseases of Pregnancy.																								
Haemorrhage from Placenta Praevia	2	—	—	—	—	1	1	—	2	—	—	—	—	2	—	—	5	—	—	2	1	—	1	1
Haemorrhage from Premature Separation of Placenta and other Accidental Haemorrhage (except Abortion)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other and Unspecified Haemorrhage	4	—	—	—	2	1	1	—	5	1	1	1	2	—	—	—	—	—	—	—	—	—	—	—
Eclampsia	10	1	2	2	1	3	1	—	8	—	1	2	1	4	—	—	17	—	5	—	2	6	4	—
Albuminuria and Nephritis	1	—	—	—	1	—	—	—	3	—	—	1	—	—	1	1	1	—	—	—	1	—	—	—
Acute Yellow Atrophy of the Liver	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Toxaemias	5	1	1	2	1	—	—	—	5	—	1	1	—	3	—	—	6	—	2	—	1	3	—	—
Other Diseases and Accidents	5	—	—	2	2	1	—	—	—	—	—	—	—	—	—	—	2	—	—	1	—	1	—	—
Haemorrhage and Diseases of Childbirth and the Puerperium.																								
Haemorrhage from Placenta Praevia	1	—	—	—	—	1	—	—	3	—	—	1	1	—	1	—	1	—	—	1	—	—	—	—
Haemorrhage from Premature Separation of Placenta	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Haemorrhages during Childbirth	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	—	—	1	—	—	—	—
Other Haemorrhage after Childbirth	13	—	2	5	5	1	—	—	3	—	—	2	1	—	—	—	14	1	6	1	1	3	2	—
General of Local Puerperal Infection (including Puerperal Tetanus) with or without Mention of Pyelitis	11	—	3	3	3	2	—	—	9	—	2	2	1	3	—	1	4	—	2	—	1	1	—	—
Thrombo Phlebitis	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Embolism and Sudden Death	4	—	1	1	—	1	1	—	3	—	—	2	—	1	—	—	8	—	—	—	5	2	1	—
Eclampsia	7	—	2	1	4	—	—	—	5	—	—	2	—	1	—	—	2	—	—	1	1	—	—	—
Albuminuria and Nephritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Yellow Atrophy of the Liver	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Toxaemias	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Accidents	24	—	4	4	6	6	4	—	22	1	3	1	5	6	6	—	15	1	3	1	5	4	1	—
Other or Unspecified Diseases	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—
Total	114	2	18	25	33	27	9	—	91	2	11	20	15	26	12	2	96	3	21	10	25	26	9	2

Table I (9) (*b*).—European Deaths Registered by Age Groups.

	Year 1949.							
	15.	20.	25.	30.	35.	40.	45.	Total All Ages.
XI.—Deliveries and Complications of Pregnancy, Childbirth, and Puerperium.								
Complications of Pregnancy (640–649).								
640 Pyelitis and pyelonephritis of pregnancy	—	—	—	—	—	—	—	—
641 Other infections of genito-urinary tract during pregnancy	—	—	—	—	—	—	—	—
642 Tozaemias of pregnancy	1	5	1	4	4	2	—	17
643 Placenta praevia	—	—	—	—	1	—	—	1
644 Other haemorrhage of pregnancy	—	1	—	—	1	—	—	2
645 Ectopic pregnancy	—	1	—	2	2	—	—	5
646 Anaemia of pregnancy	—	—	—	—	—	—	—	—
647 Pregnancy with malposition of foetus in uterus	—	—	—	—	—	—	—	—
648 Other complications arising from pregnancy	—	—	—	—	—	—	—	—
649 Pregnancy associated with other conditions	—	—	—	—	—	—	—	—
Sub-Total, 640–649	1	7	1	6	8	2	—	25
Abortion (650–652).								
650 Abortion without mention of sepsis or toxaemia	—	—	—	1	1	—	—	2
651 Abortion with sepsis	—	1	1	2	—	—	—	4
652 Abortion with toxaemia, without mention of sepsis	—	—	—	—	—	—	—	—
Sub-Total, 650–652	—	1	1	3	1	—	—	6
Delivery with Specified Complication (670–678).								
670 Delivery complicated by placenta praevia or antepartum haemorrhage	—	—	1	1	1	3	—	6
671 Delivery complicated by retained placenta	—	—	—	1	—	1	—	2
672 Delivery complicated by other postpartum haemorrhage	1	2	6	4	3	2	—	18
673 Delivery complicated by abnormality of bony pelvis	—	—	—	—	—	—	—	—
674 Delivery complicated by disproportion or malposition of foetus	—	—	—	—	—	—	—	—
675 Delivery complicated by prolonged labour of other origin	—	—	—	—	—	—	—	—
676 Delivery with laceration of perineum, without mention of other laceration	—	—	—	—	—	—	—	—
677 Delivery with other trauma	—	—	—	—	1	—	—	1
678 Delivery with other complications of childbirth	1	3	2	2	—	1	1	10
Sub-Total, 670–678	2	5	9	8	5	7	1	37
Complication of the Puerperium (680–689).								
680 Puerperal urinary infection, without other sepsis	—	—	—	—	—	—	—	—
681 Sepsis of childbirth and the puerperium	1	—	—	—	—	—	—	1
682 Puerperal phlebitis and thrombosis	—	—	—	—	—	—	—	—
683 Pyrexia of unknown origin during the puerperium	—	—	—	—	—	—	—	—
684 Puerperal pulmonary embolism	—	—	3	1	—	1	—	5
685 Puerperal eclampsia	—	—	—	—	—	—	—	—
686 Other forms of puerperal toxaemia	—	—	—	—	—	—	—	—
687 Cerebral haemorrhage in the puerperium	—	—	—	—	—	—	1	1
688 Other and unspecified complications of the puerperium	—	—	—	—	—	—	—	—
689 Mastitis and other disorders of lactation	—	—	—	—	—	—	—	—
Sub-Total, 680–689	1	—	3	1	—	1	1	7
Total Class XI, 640–689	4	13	14	18	14	10	2	75

These tables are in accordance with the new international classification of causes of deaths adopted by the World Health Organisation.

TABLE I (9) (*b*).—EUROPEAN DEATHS REGISTERED BY AGE GROUPS (*continued*).

		YEAR 1950.							
		15.	20.	25.	30.	35.	40.	45.	Total All Ages.
XI.—DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM.									
	Complications of Pregnancy (640–649).								
640	Pyelitis and pyelonephritis of pregnancy	—	—	—	—	1	—	—	1
641	Other infections of genito-urinary tract during pregnancy	—	—	—	—	—	—	—	—
642	Tozaemias of pregnancy	2	2	2	1	1	1	—	9
643	Placenta praevia	—	—	—	—	1	—	—	1
644	Other haemorrhage of pregnancy	—	—	—	—	—	1	—	1
645	Ectopic pregnancy	—	—	1	1	1	—	—	3
646	Anaemia of pregnancy	—	—	—	—	—	—	—	—
647	Pregnancy with malposition of foetus in uterus	—	—	—	—	—	—	—	—
648	Other complications arising from pregnancy	—	—	—	—	—	—	—	—
649	Pregnancy associated with other conditions	—	—	—	—	—	—	—	—
	SUB-TOTAL, 640–649	2	2	3	2	4	2	—	15
	Abortion (650–652).								
650	Abortion without mention of sepsis or toxaemia	—	1	—	—	3	2	—	6
651	Abortion with sepsis	1	1	—	—	—	—	—	2
652	Abortion with toxaemia, without mention of sepsis	—	—	—	1	—	—	—	1
	SUB-TOTAL, 650–652	1	2	—	1	3	2	—	9
	Delivery with Specified Complication (670–678).								
670	Delivery complicated by placenta praevia or antepartum haemorrhage	—	1	—	—	1	—	—	2
671	Delivery complicated by retained placenta	—	—	—	—	—	—	—	—
672	Delivery complicated by other postpartum haemorrhage	1	2	2	2	2	1	—	10
673	Delivery complicated by abnormality of bony pelvis	—	—	—	—	—	—	—	—
674	Delivery complicated by disproportion or malposition of foetus	—	—	—	—	—	—	—	—
675	Delivery complicated by prolonged labour of other origin	—	—	—	—	—	—	—	—
676	Delivery with laceration of perineum, without mention of other laceration	—	—	—	—	—	—	—	—
677	Delivery with other trauma	—	—	—	—	—	—	—	—
678	Delivery with other complications of childbirth	1	1	3	3	5	3	—	16
	SUB-TOTAL, 670–678	2	4	5	5	8	4	—	28
	Complication of the Puerperium (680–689).								
680	Puerperal urinary infection, without other sepsis	—	—	—	—	—	—	—	—
681	Sepsis of childbirth and the puerperium	—	—	—	1	1	—	—	2
682	Puerperal phlebitis and thrombosis	—	—	—	—	—	—	—	—
683	Pyrexia of unknown origin during the puerperium	—	—	—	—	—	—	—	—
684	Puerperal pulmonary embolism	—	1	—	—	2	—	—	3
685	Puerperal eclampsia	—	2	—	1	—	—	—	3
686	Other forms of puerperal toxaemia	—	—	—	1	—	—	—	1
687	Cerebral haemorrhage in the puerperium	—	—	—	—	—	—	—	—
688	Other and unspecified complications of the puerperium	—	1	—	—	—	—	—	1
689	Mastitis and other disorders of lactation	—	—	—	—	—	—	—	—
	SUB-TOTAL, 680–689	—	4	—	3	3	—	—	10
	TOTAL CLASS XI, 640–689	5	12	8	11	18	8	—	62

TABLE I (9) (*b*).—EUROPEAN DEATHS REGISTERED BY AGE GROUPS.

Cause of Death.	YEAR 1951.								
	15.	20.	25.	30.	35.	40.	45.	50.	Total All Ages.
XI.—DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM.									
Complications of Pregnancy (640–649).									
640 Pyelitis and pyelonephritis of pregnancy	—	—	—	—	—	—	—	—	—
641 Other infections of genito-urinary tract during pregnancy	—	—	—	—	—	—	—	—	—
642 Toxaemias of pregnancy	2	4	1	2	4	1	—	—	14
643 Placenta praevia	—	—	—	—	—	—	—	—	—
644 Other haemorrhage of pregnancy	—	—	—	—	—	—	—	—	—
645 Ectopic pregnancy	—	—	1	1	3	—	—	—	5
646 Anaemia of pregnancy	—	—	—	—	—	—	—	—	—
647 Pregnancy with malposition of foetus in uterus	—	—	—	—	—	—	—	—	—
648 Other complications arising from pregnancy	—	—	—	—	—	—	—	—	—
649 Pregnancy associated with other conditions	—	—	—	—	—	—	—	—	—
SUB-TOTAL, 640–649	2	4	2	3	7	1	—	—	19
Abortion (650–652).									
650 Abortion without mention of sepsis or toxaemia	—	2	2	3	1	—	—	—	8
651 Abortion with sepsis	—	—	—	—	2	—	—	—	2
652 Abortion with toxaemia, without mention of sepsis	—	—	—	1	—	—	—	—	1
SUB-TOTAL, 650–652	—	2	2	4	3	—	—	—	11
Delivery with Specified Complication (670–678).									
670 Delivery complicated by placenta praevia or antepartum haemorrhage	—	1	2	—	1	2	—	—	6
671 Delivery complicated by retained placenta	—	—	—	—	—	—	—	—	—
672 Delivery complicated by other postpartum haemorrhage	3	4	5	2	5	1	—	—	20
673 Delivery complicated by abnormality of bony pelvis	—	—	—	—	—	—	—	—	—
674 Delivery complicated by disproportion or malposition of foetus	—	—	—	—	—	—	—	—	—
675 Delivery complicated by prolonged labour of other origin	—	—	—	1	—	1	—	—	2
676 Delivery with laceration of perineum, without mention of other laceration	—	—	—	—	—	—	—	—	—
677 Delivery with other trauma	—	—	—	—	—	—	—	—	—
678 Delivery with other complications of childbirth	1	3	—	1	2	2	—	1	10
SUB-TOTAL, 670–678	4	8	7	4	8	6	—	1	38
Complications of the Puerperium (680–689).									
680 Puerperal urinary infection without other sepsis	—	—	—	—	—	—	—	—	—
681 Sepsis of childbirth and the puerperium	1	—	—	—	1	—	—	—	2
682 Puerperal phlebitis and thrombosis	—	—	—	—	—	—	—	—	—
683 Pyrexia of unknown origin during the puerperium	—	—	—	—	—	—	—	—	—
684 Puerperal pulmonary embolism	—	—	—	—	—	1	—	—	1
685 Puerperal eclampsia	—	2	—	—	—	—	—	—	2
686 Other form of puerperal toxaemia	—	—	—	1	—	—	—	—	1
687 Cerebral haemorrhage in the puerperium	—	—	—	—	—	—	—	—	—
688 Other and unspecified complications of the puerperium	—	—	—	—	—	—	—	—	—
689 Mastitis and other disorders of lactation	—	—	—	—	—	—	—	—	—
SUB-TOTAL, 680–689	1	2	—	1	1	1	—	—	6
TOTAL CLASS XI, 640–689	7	16	11	12	19	8	—	1	74

Table A (i).—I.D. Cases, 1947–48.

Statistics of Notifiable Diseases, 1st July, 1947 to 30th June 1948.

A. 1. All Notifications.

Diseases.	Cape Province (ex Transkei).				Transkei.				Natal.				Transvaal.				Orange Free State.				Union.			
	European.	Natives	Asiatic.	Coloureds.	European.	Natives	Asiatics.	Coloureds.	European.	Natives	Asiatic.	Coloureds.	European.	Natives	Asiatic.	Coloureds.	European.	Natives	Asiatic.	Coloureds.	European.	Natives	Asiatic.	Coloureds.
XX1 Anthrax	2	10	—	1	—	—	—	—	1	2	—	—	—	9	—	—	—	9	—	—	3	30	—	1
XX2 Cerebro-Spinal Meningitis	63	46	5	160	—	3	—	2	19	43	13	2	33	447	4	7	6	18	—	2	121	557	22	173
XX3 Diphtheria	343	79	5	269	29	314	—	4	125	214	73	20	518	413	18	26	75	207	—	1	1,090	1,227	96	320
XX4 Enteric Fever	128	202	2	207	2	137	—	9	49	494	124	25	255	469	9	14	71	147	—	—	505	1,449	135	255
XX5 Erysipelas	33	8	—	21	3	6	—	—	14	6	1	5	71	24	—	2	7	1	—	—	128	45	1	28
XX6 Puerperal Fever	24	65	—	73	—	23	1	1	3	51	13	2	120	117	6	4	5	5	—	1	152	261	20	81
XX7 Scarlet Fever	459	13	3	55	8	29	—	—	159	21	1	5	1,392	18	7	14	175	9	—	—	2,193	90	11	74
XX8 Smallpox	—	99	—	2	1	81	—	—	—	8	—	—	3	64	—	1	7	5	—	—	11	257	—	3
XX9 Typhus Fever	22	302	—	48	1	304	4	1	15	50	8	1	3	50	—	—	4	9	—	—	45	715	12	50
XX0 Plague	—	10	—	—	1	8	—	—	—	—	—	—	4	4	—	—	1	5	—	1	6	27	—	1
X1X Acute Poliomyelitis	76	32	—	29	3	6	—	2	144	110	43	10	1,058	322	21	32	99	84	1	—	1,380	554	65	73
X2X Asiatic Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
X3X Glanders	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
X4X Lead Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
X5X Gonnorrhocal Opthalmia	—	3	—	5	—	7	—	—	1	24	1	—	2	2	—	—	—	1	—	—	3	37	1	5
X6X Infective Encephalitis	17	1	—	6	2	—	—	—	7	6	—	—	29	2	1	—	4	1	—	—	59	10	1	6
X7X Leprosy	3	23	—	3	—	22	—	—	2	49	1	—	4	93	1	2	—	14	—	—	9	201	2	5
X8X Malta Fever	—	1	—	—	—	—	—	—	—	2	—	1	3	—	—	—	—	—	—	—	3	3	—	1
X9X Opthalmia Neonatorum	23	37	—	194	—	36	—	1	21	164	32	3	13	121	2	10	1	7	—	—	58	365	34	208
X0X Amoebic dysentry	—	—	—	—	—	—	—	—	200	1,370	15	86	2	6	—	—	—	1	—	—	202	1,377	50	85
1XX Rabies	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—
2XX Sleeping Sickness	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3XX Trachoma	5	6	—	13	—	2	—	—	—	2	1	—	2	62	—	—	—	—	—	—	7	72	1	13
4XX Pulmonary Tuberculosis	711	3,342	38	3,629	107	2,435	6	33	282	4,098	850	200	335	3,259	28	143	25	316	1	15	1,460	13,450	923	4,020
5XX Tuberculosis of the Glands	5	57	—	43	1	242	—	2	—	69	10	1	2	134	—	2	—	3	—	—	8	505	10	48
6XX Tuberculosis of the Bone	42	244	2	215	3	309	—	2	17	484	80	17	34	356	4	18	2	31	—	1	98	1,424	86	253
7XX Tuberculosis Peritonitis	1	23	—	14	—	9	—	—	—	49	12	—	1	41	1	1	—	—	—	—	2	122	13	15
8XX Tuberculosis Meningitis	20	53	3	86	—	3	—	1	3	47	9	2	18	68	1	8	—	9	—	—	41	180	13	97
9XX Yellow Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
0XX Relapsing Fever	—	2	—	—	—	5	—	1	—	1	—	—	1	58	—	—	—	—	—	—	1	66	—	1
Total	1,977	4,658	58	5,073	161	3,981	11	59	1,063	7,364	1,322	380	3,903	6,139	103	284	482	883	2	21	7,586	23,025	1,496	5,817

Table A (ii).—I.D. Deaths, 1947–48.

Statistics of Notifiable Diseases(Deaths), 1st July 1947 to 30th June, 1948.

B. 1. All Deaths Notified.

Diseases.	Cape Province (ex Transkei).				Transkei.				Natal.				Transvaal.				Orange Free State.				Union.			
	European.	Natives.	Asiatic.	Coloureds.	European.	Natives.	Asiatics.	Coloureds.	European.	Natives.	Asiatic.	Coloureds.	European.	Natives.	Asiatic.	Coloureds.	European.	Natives.	Asiatic.	Coloureds.	European.	Natives.	Asiatic.	Coloureds.
XX1 Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	—	—
XX2 Cerebro-Spinal Meningitis	3	14	2	30	—	—	—	—	1	3	6	—	15	71	1	5	—	1	—	—	19	89	9	35
XX3 Diphtheria	17	12	—	12	—	—	—	—	8	35	10	4	25	62	1	1	3	4	—	1	33	113	11	18
XX4 Enteric Fever	8	16	—	16	—	1	—	—	3	48	8	3	12	71	—	—	—	7	—	—	23	143	8	19
XX5 Erysipelas	2	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	3	1	—	1
XX6 Puerperal Fever	—	2	—	2	—	—	—	—	—	5	—	—	2	2	—	—	—	—	—	—	2	9	—	2
XX7 Scarlet Fever	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	4
XX8 Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—
XX9 Typhus Fever	—	37	—	6	—	—	—	—	—	4	—	—	—	2	—	—	—	—	—	—	—	43	—	6
XX0 Plague	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	2	—	1
X1X Acute Poliomyelitis	6	1	—	1	—	—	—	—	7	2	2	—	52	16	1	—	8	3	—	1	73	22	3	2
X2X Asiatic Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
X3X Glanders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
X4X Lead Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
X5X Gonorrhoeal Opthalmia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
X6X Infective Encephalitis	6	—	—	1	—	—	—	—	4	4	2	—	20	5	1	3	1	2	—	—	31	11	3	4
X7X Leprosy	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
X8X Malta Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
X9X Opthalmia Neonatorum	—	2	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	1	4	—	—
X0X Amoebic dysentry	—	—	—	—	—	—	—	—	—	74	3	3	—	—	—	—	—	—	—	—	—	74	3	3
1XX Rabies	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2XX Sleeping Sickness	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3XX Trachoma	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
4XX Pulmonary Tuberculosis	191	1,175	27	1,550	—	—	—	—	97	1,415	296	49	67	1,055	10	84	7	64	—	4	362	3,709	333	1,687
5XX Tuberculosis of the Glands	—	1	—	3	—	—	—	—	—	4	—	—	—	3	—	—	—	—	—	—	—	8	—	3
6XX Tuberculosis of the Bone	17	106	—	85	—	—	—	—	2	63	4	6	25	275	2	18	—	15	—	—	44	456	6	109
7XX Tuberculosis Peritonitis	—	17	—	11	—	—	—	—	—	4	1	—	2	54	—	2	—	—	—	—	2	75	1	13
8XX Tuberculosis Meningitis	31	56	3	173	—	—	—	—	2	12	3	1	11	97	2	5	—	3	—	—	44	168	8	179
9XX Yellow Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
0XX Relapsing Fever	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Total	281	1,441	32	1,897	—	1	—	—	125	1,675	335	66	233	1,714	18	119	21	101	—	6	660	4,932	385	2,088

Table A (iii).—I.D. Cases, 1948–49.

Statistics of Notifiable Diseases, 1st July, 1948 to 30th June, 1949.

A. 1. All Notifications.

	Disease.	Cape Province (ex Transkei).				Transkei.				Natal.				Transvaal.				Orange Free State.				Union.			
		European.	Natives.	Asiatic.	Coloureds.	European.	Natives.	Asiatic.	Coloureds.	European.	Natives.	Asiatic.	Coloureds.	European.	Natives.	Asiatic.	Coloureds.	European.	Natives.	Asiatic.	Coloureds.	European.	Natives.	Asiatic.	Coloureds.
XX1	Anthrax	3	20	—	2	—	—	—	—	—	—	—	—	—	15	—	—	1	12	—	—	4	47	—	2
XX2	Cerebro-Spinal Meningitis	35	43	2	186	3	6	—	—	17	48	13	10	90	917	6	10	4	14	—	2	149	1,028	21	190
XX3	Diphtheria	249	160	12	232	14	79	—	1	277	402	151	68	687	528	35	37	82	232	—	4	1,309	1,401	198	342
XX4	Thyphoid Fever	79	188	3	167	15	148	—	6	69	507	102	25	350	841	16	26	37	203	—	—	550	1,887	121	224
XX5	Erysipelas	36	3	—	17	1	4	—	2	14	9	—	5	76	27	1	5	7	5	—	1	134	48	1	30
XX6	Puerperal Fever	7	60	—	63	—	35	—	—	1	76	5	5	131	223	4	19	2	8	—	—	141	402	9	87
XX7	Scarlet Fever	564	17	1	49	9	17	—	—	188	7	1	8	1,409	23	3	2	177	6	—	—	2,347	70	5	59
XX8	Smallpox	1	8	—	1	—	8	—	—	—	3	—	—	31	776	64	19	8	4	—	—	40	799	64	20
XX9	Typhus Fever	21	53	—	12	1	65	2	4	23	42	2	—	6	19	—	1	2	6	—	—	53	185	4	17
XX0	Plague	—	11	—	1	—	—	—	—	—	—	—	—	1	2	—	—	—	17	—	—	1	30	—	1
X1X	Acute Poliomyelitis	36	21	3	24	2	—	—	2	47	61	7	6	183	80	1	6	36	35	—	—	304	197	11	38
X2X	Asiatic Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
X3X	Glanders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
X4X	Lead Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
X5X	Gonorrhoeal Opthalmia	—	2	—	2	—	9	—	1	—	11	1	1	—	5	—	—	—	—	—	—	—	27	1	4
X6X	Infective Encephalitis	8	6	—	4	1	—	—	1	2	8	—	—	26	21	1	—	—	—	—	—	37	35	1	5
X7X	Leprosy	2	25	—	9	1	12	—	—	2	74	5	—	1	78	5	1	—	18	—	—	6	207	10	10
X8X	Malta Fever	—	—	—	—	—	—	—	—	—	—	—	—	3	1	—	—	—	—	—	—	3	1	—	—
X9X	Opthalmia Neonatorum	13	27	—	141	—	21	—	—	1	63	3	18	15	115	—	12	1	17	—	—	30	243	3	171
X0X	Amoebic dysentry	—	—	—	—	—	2	—	—	—	7	—	—	1	—	—	—	—	—	—	—	1	9	—	—
1XX	Rabies	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	4	—	—	2	4	—	—
2XX	Sleeping Sickness	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3XX	Trachoma	4	11	1	13	—	5	—	—	2	3	—	—	—	103	—	—	2	1	—	—	8	123	1	13
4XX	Pulmonary Tuberculosis	622	3,345	59	3,452	25	3,107	4	38	320	4,337	740	427	376	4,297	93	184	32	291	—	12	1,375	15,377	896	4,113
5XX	Tuberculosis of the Glands	5	65	2	53	2	301	—	—	5	109	14	6	7	218	1	5	—	1	—	—	19	694	17	64
6XX	Tuberculosis of the Spine	19	151	5	175	2	214	1	—	14	468	54	15	21	358	12	16	1	26	—	—	57	1,217	72	206
7XX	Tuberculosis Peritonitis	2	23	—	11	—	17	—	—	3	60	11	3	—	54	1	3	—	3	—	1	5	157	12	18
8XX	Tuberculosis Meningitis	19	51	2	108	—	4	—	3	2	42	13	14	6	94	6	8	1	2	—	1	28	193	21	134
9XX	Yellow Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
0XX	Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—	—	3	68	—	—	—	—	—	—	3	68	—	—
	Total	1,725	4,290	90	4,704	76	4,054	7	58	987	6,337	1,122	611	3,424	8,863	249	354	394	905	—	21	6,606	24,449	1,468	5,748

Table A (iv).—I.D. Deaths, 1948–49.

Statistics of Notifiable Diseases (Deaths), 1st July, 1948 to 30th June, 1949.

B. 1. All Deaths Notified.

	Diseases.	Cape Province (ex Transkei).				Transkei.				Natal.				Transvaal.				Orange Free State.				Union.			
		European.	Natives	Asiatic.	Coloureds.	European.	Natives	Asiatics.	Coloureds.	European.	Natives	Asiatic.	Coloureds.	European.	Natives	Asiatic.	Coloureds.	European.	Natives	Asiatic.	Coloureds.	European.	Natives	Asiatic.	Coloureds.
XX1	Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
XX2	Cerebro-Spinal Meningitis	4	15	1	31	—	—	—	—	5	6	3	1	24	114	—	5	1	—	—	—	34	135	4	37
XX3	Diphtheria	20	12	1	32	—	—	—	—	23	98	19	5	22	66	1	3	7	11	—	—	72	187	21	40
XX4	Typhoid Fever	4	22	—	24	—	2	—	—	5	52	4	1	15	1,113	—	8	—	9	—	—	24	198	4	33
XX5	Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	—	—	—
XX6	Puerperal Fever	—	1	—	3	—	—	—	—	—	5	—	—	—	4	—	—	—	1	—	—	—	11	—	3
XX7	Scarlet Fever	—	—	—	—	—	—	—	—	—	—	3	—	2	—	—	—	1	—	—	—	3	—	3	—
XX8	Smallpox	—	—	—	—	—	—	—	—	—	—	1	—	—	59	4	3	—	—	—	—	—	59	5	3
XX9	Typhus Fever	—	5	—	4	—	—	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	11	—	4
XX0	Plague	—	4	—	1	—	—	—	—	—	1	—	—	—	2	—	—	—	2	—	—	—	9	—	1
X1X	Acute Poliomyelitis	1	—	—	1	—	—	—	—	6	2	—	—	7	6	—	—	2	—	—	—	16	8	—	1
X2X	Asiatic Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
X3X	Glanders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
X4X	Lead Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
X5X	Gonorrhoeal Opthalmia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
X6X	Infective Encephalitis	2	7	—	—	—	—	—	—	1	4	1	—	14	4	—	1	1	—	—	—	18	15	1	1
X7X	Leprosy	—	—	—	1..	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	—	1
X8X	Malta Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
X9X	Opthalmia Neonatorum	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2	—	—
X0X	Amoebic dysentry	—	—	—	—	—	—	—	—	—	17	—	—	—	—	—	—	—	—	—	—	—	17	—	—
1XX	Rabies	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2XX	Sleeping Sickness	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3XX	Trachoma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4XX	Pulmonary Tuberculosis	156	1,351	31	1,744	—	1	—	—	102	1,479	317	69	60	1,042	23	63	8	127	—	2	326	4,000	371	1,878
5XX	Tuberculosis of the Glands	—	3	—	4	—	—	—	—	—	2	—	—	—	2	—	—	—	1	—	—	—	8	—	4
6XX	Tuberculosis of the Spine	4	68	—	75	—	—	—	—	1	49	2	1	17	343	3	23	—	6	—	—	22	466	5	99
7XX	Tuberculosis Peritonitis	4	25	—	13	—	—	—	—	—	14	—	1	—	28	3	2	1	1	—	—	5	68	3	16
8XX	Tuberculosis Meningitis	20	65	5	198	—	—	—	—	1	20	3	3	10	78	1	5	2	1	—	—	33	164	9	206
9XX	Yellow Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
0XX	Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Total	215	1,578	38	2,131	—	3	—	—	144	1,757	353	81	173	1,863	35	113	23	159	—	2	555	5,360	426	2,327

TABLE A (v).—NOTIFIED DEATHS DUE TO INFECTIOUS DISEASES (THE FIGURES REFER TO CALENDAR YEARS).

As notification of births and deaths was not compulsory for all races in rural areas during the years, 1947–51, which are here reflected, only deaths registered with the Registrar of Deaths, and supplied by the Bureau of Census and Statistics are given here.

DISEASE.

	AMOEBIC DYSENTRY.					TYPHOID OR ENTERIC FEVER.					MALTA FEVER.				
	1947.	1948.	1949.	1950.	1951.	1947.	1948.	1949.	1950.	1951.	1947.	1948.	1949.	1950.	1951.
European.															
Cape	4	2	3	4	7	25	16	8	11	5	—	—	—	—	—
Natal	8	4	4	2	5	2	6	4	3	—	—	—	—	—	—
Transvaal	16	7	11	3	2	23	42	20	6	3	1	—	—	—	1
Orange Free State	—	1	—	—	—	4	2	3	4	3	—	—	—	—	—
Total European	28	14	18	9	14	54	66	35	24	11	1	—	—	—	1
Total Asiatic	28	30	7	26	16	24	21	2	15	7	—	—	1	—	—
Total Coloured	36	29	25	21	26	85	72	59	47	35	—	1	—	—	—
Total Native	393	342	343	428	408	366	260	312	423	301	—	1	1	2	1
TOTAL ALL RACES	485	415	393	484	464	529	419	408	509	354	1	2	2	2	2

DISEASE.

	ENCEPHALITIS (INFECTIVE).					MENINGITIS- (CEREBRO-SPINAL).					POLIOMYELITIS (ACUTE).				
	1947.	1948.	1949.	1950.	1951.	1947.	1948.	1949.	1950.	1951.	1947.	1948.	1949.	1950.	1951.
European.															
Cape	2	9	1	11	3	5	5	15	11	18	4	17	6	3	3
Natal	—	2	2	4	1	1	1	2	1	6	5	11	2	2	2
Transvaal	9	4	18	28	4	17	31	34	22	32	9	79	7	7	12
Orange Free State	1	3	1	4	3	—	3	2	8	8	1	21	1	—	8
Total European	12	18	22	47	11	23	40	53	42	64	19	128	16	12	25
Total Asiatic	1	1	1	2	3	—	11	—	3	19	—	5	2	—	2
Total Coloured	1	5	12	16	16	33	18	47	26	117	3	11	2	3	3
Total Native	9	13	30	44	32	124	191	198	126	266	4	49	12	7	7
TOTAL ALL RACES	23	37	65	109	62	180	260	298	197	466	26	193	32	22	37

TABLE A (v).—NOTIFIED DEATHS DUE TO INFECTIOUS DISEASES (THE FIGURES REFER TO CALENDAR YEARS) (*continued*).

DISEASE.

	PLAGUE.					TYPHUS.					SMALL POX.				
	1947.	1948.	1949.	1950.	1951.	1947.	1948.	1949.	1950.	1951.	1947.	1948.	1949.	1950.	1951.
European.															
Cape	—	—	—	—	—	1	1	—	—	1	—	—	—	—	—
Natal	—	—	—	—	—	2	1	2	2	—	—	—	1	—	—
Transvaal	—	—	1	—	1	2	4	2	2	—	3	3	17	10	1
Orange Free State	—	—	—	—	—	1	—	—	2	—	—	—	—	—	—
Total European	—	—	1	—	1	6	6	4	6	1	3	3	18	10	1
Total Asiatic	—	—	—	—	—	—	—	41	—	—	—	1	43	1	1
Total Coloured	1	—	2		3	9	1	1	—	—	—	4	11	13	3
Total Native	1	4	4		1	19	21	10	2	—	76	127	272	126	11
TOTAL ALL RACES	2	4	7	2	5	34	28	56	8	1	79	135	344	150	16

DISEASE.

	RELAPSING FEVER.					RABIES.					LEPROSY.				
	1947.	1948.	1949.	1950.	1951.	1947.	1948.	1949.	1950.	1951.	1947.	1948.	1949.	1950.	1951.
European.															
Cape	1	—	—	—	—	—	1	—	—	—	3	1	—	—	—
Natal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Transvaal	—	—	—	—	—	—	—	1	—	—	3	2	—	—	1
Orange Free State	—	—	—	—	—	—	—	2	—	—	—	—	—	1	—
Total European	1	—	—	—	—	—	1	3	—	—	6	3	—	1	2
Total Asiatic	—	—	—	—	—	—	—	—	—	—	2	—	—	1	—
Total Coloured	1	1	—	—	—	—	—	—	—	—	9	3	—	5	—
Total Native	5	1	1	1	—	—	—	—	3	—	78	70	29	29	29
TOTAL ALL RACES	7	2	1	1	—	—	1	3	3	—	95	76	29	36	31

A (*V*).—(continued).

DISEASE.

	Diphtheria.					Scarlet Fever.					Erysipelas.				
	1947.	1948.	1949.	1950.	1951.	1947.	1948.	1949.	1950.	1951.	1947.	1948.	1949.	1950.	1951.
European.															
Cape	14	24	19	25	27	—	—	1	1	1	2	3	1	—	1
Natal	5	11	15	—	9	—	—	—	—	—	—	—	—	—	—
Transvaal	41	53	58	56	72	1	—	—	1	1	1	1	—	—	—
Orange Free State	4	15	9	20	14	—	2	—	1	—	—	—	—	—	—
Total European	64	103	101	101	122	1	2	1	3	2	3	4	1	—	1
Total Asiatic	14	6	5	22	23	—	—	7	—	—	—	—	2	—	—
Total Coloured	14	36	45	54	54	1	1	1	1	4	4	2	3	1	1
Total Native	96	170	237	388	385	—	2	1	—	2	6	5	—	2	1
Total all Races	188	315	388	565	584	2	5	10	4	8	13	11	6	3	3

DISEASE.

	Puerperal Fever.					Ophthalmia.					Trachoma.				
	1947.	1948.	1949.	1950.	1951.	1947.	1948.	1949.	1950.	1951.	1947.	1948.	1949.	1950.	1951.
European.															
Cape	8	2	1	2	1	—	—	—	—	—	—	1	—	—	—
Natal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Transvaal	2	1	—	—	1	—	—	—	—	—	—	—	—	—	—
Orange Free State	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Total European	10	4	1	2	2	—	—	—	—	—	—	1	—	—	—
Total Asiatic	6	8	1	3	2	—	1	7	—	—	—	—	—	—	—
Total Coloured	23	19	14	14	13	2	—	—	—	—	—	1	—	—	—
Total Native	88	55	34	40	35	9	3	6	—	—	3	4	—	—	7
Total all Races	127	86	50	59	52	11	4	13	—	—	3	6	—	—	7

Table A (vi).—Notification of Disease and Numbers of Deaths during the Period 1st July, 1950 to 31st December, 1951.

Province.	Anthrax.		Diphtheria.		Encephalitis, infective.		Enteric or Typhoid Fever.		Erysipelas.		Lead Poisoning.		Leprosy.		Brucellosis.		Meningitis, Cerebro-Spinal.		Opthalmia.		Plague.		Poliomyelitis, Acute.		Puerperal Fever.		Rabies.		Relapsing Fever.		Scarlatina.		Smallpox.		Tetanus.		Trachoma.		Trypanosomiasis.		Tuberculosis, Respiratory.		Tuberculosis, Non-Respiratory.		Typhus Fever.		Total.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
DISEASE.																																														
I. EUROPEAN.																																															
Cape (including Transkei)..	3	—	474	16	10	4	151	3	46	—	1	—	3	—	3	—	71	5	21	1	—	—	62	1	10	—	—	—	—	—	759	3	—	—	—	—	—	—	—	—	602	—	18	—	29	—	2,263	33
Natal	—	—	213	12	9	3	31	2	18	—	—	—	—	—	1	—	25	2	—	—	—	—	43	3	7	—	—	—	—	—	298	7	—	—	—	—	—	—	—	—	500	—	22	—	2	—	1,219	29
Transvaal	7	—	875	77	63	14	276	1	96	—	1	—	2	—	3	—	198	18	20	—	—	—	252	10	46	—	—	—	—	—	2,033	6	20	4	—	—	7	—	1	1	910	—	43	—	2	—	4,855	131
Orange Free State	1	—	182	18	—	—	69	1	7	—	—	—	3	—	—	—	33	1	—	—	1	—	21	4	1	—	1	—	—	—	266	—	—	—	—	—	—	—	—	—	57	—	4	—	2	—	648	24
Total	11	—	1,744	123	82	21	577	7	167	—	2	—	8	—	7	—	327	26	41	1	1	—	378	18	64	—	1	—	—	—	3,356	16	20	4	—	—	7	—	1	1	2,069	—	87	—	35	—	8,985	217
II.—NATIVE.																																														
Cape (including Transkei)..	—	—	291	41	—	2	679	42	8	—	—	—	89	—	—	—	152	23	214	—	7	5	23	—	54	1	—	—	—	—	17	—	47	2	—	—	7	—	—	—	11,570	—	818	—	101	10	14,077	126
Natal	—	—	684	134	9	6	1,142	153	18	—	—	—	—	—	—	—	104	17	128	—	—	—	22	2	98	16	—	—	—	—	30	—	44	17	—	—	4	—	—	—	7,515	—	1,330	—	7	1	11,135	345
Transvaal	—	—	1,426	214	55	16	1,591	102	22	—	1	—	130	1	1	—	1,107	120	306	—	1	1	49	4	353	6	1	—	34	—	25	1	679	36	1	—	99	1	—	—	6,341	—	546	—	37	1	12,805	503
Orange Free State	18	4	741	113	—	—	357	21	1	—	—	—	23	1	—	—	102	15	27	—	9	3	14	1	14	—	—	—	—	—	14	—	33	3	—	—	—	—	—	—	542	—	11	—	7	1	1,913	162
Total	18	4	3,142	502	64	24	3,769	318	49	—	1	—	242	2	1	—	1,465	175	675	—	17	9	108	7	519	23	1	—	34	—	86	1	803	58	1	—	110	1	—	—	25,968	—	2,705	—	152	12	39,930	1,136
III.—ASIATIC.																																														
Cape (including Transkei)..	—	—	9	2	—	—	3	—	1	—	—	—	—	—	—	—	3	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	67	—	8	—	—	—	93	2
Natal	—	—	133	28	8	2	257	16	2	—	—	—	—	—	—	—	26	12	5	—	—	—	10	1	9	1	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1,279	—	152	—	1	—	1,884	60
Transvaal	—	—	51	—	4	3	28	—	—	—	—	—	—	—	—	—	9	1	1	—	—	—	1	1	2	—	—	—	—	—	2	—	—	—	—	—	1	—	—	—	89	—	13	—	—	—	201	5
Orange Free State	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—
Total	—	—	193	30	12	5	288	16	3	—	—	—	—	—	—	—	38	13	7	—	—	—	11	2	11	1	—	—	—	—	3	—	—	—	—	—	3	—	—	—	1,437	—	173	—	1	—	2,180	67
IV.—COLOURED.																																														
Cape (including Transkei)..	6	—	290	30	10	3	293	25	23	1	—	—	8	—	2	—	294	52	196	2	3	—	34	—	60	1	—	—	—	—	98	2	2	—	—	—	14	—	—	—	5,432	—	547	—	8	—	7,320	116
Natal	—	—	52	3	—	—	30	4	4	—	3	—	—	—	—	—	9	—	3	—	—	—	—	—	3	—	—	—	—	—	4	—	—	—	—	—	1	—	—	—	341	—	29	—	—	—	479	7
Transvaal	1	—	332	12	6	—	37	1	2	—	—	—	1	—	—	—	32	26	9	—	—	—	3	—	14	—	—	—	—	—	8	—	—	—	—	—	1	—	—	—	477	—	20	—	—	—	943	39
Orange Free State	—	—	12	6	—	—	4	1	—	—	—	—	—	—	—	—	1	—	3	—	—	—	1	—	1	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	22	—	6	—	—	—	51	9
Total	7	—	686	51	16	3	364	31	29	1	3	—	9	—	2	—	336	78	211	2	3	—	38	—	78	3	—	—	—	—	111	2	2	—	—	—	16	—	—	—	6,272	—	602	—	8	—	8,793	171
V.—TOTAL (ALL RACES).																																														
Cape (including Transkei)..	9	—	1,064	89	20	9	1,126	70	78	1	1	—	100	—	5	—	520	80	432	3	10	5	119	1	124	2	—	—	—	—	875	5	49	2	—	—	21	—	—	—	17,671	—	1,391	—	138	10	23,753	277
Natal	—	—	1,082	177	26	11	1,510	175	42	—	3	—	—	—	1	—	164	31	136	—	—	—	75	6	117	17	—	—	—	—	332	7	44	17	—	—	7	—	—	—	9,635	—	1,533	—	10	—	14,717	441
Transvaal	8	—	2,684	303	128	33	1,932	104	120	—	2	—	133	1	4	—	1,346	165	336	—	1	1	305	15	415	6	1	—	34	—	2,068	7	699	40	1	—	108	1	1	1	7,817	—	622	—	39	1	18,804	678
Orange Free State	19	4	935	137	—	—	430	23	8	—	—	—	26	1	—	—	136	16	30	—	10	3	36	5	16	2	1	—	—	—	281	—	33	3	—	—	—	—	—	—	623	—	21	—	9	1	2,614	195
Total	36	4	5,765	706	174	53	4,998	372	248	1	6	—	259	2	10	—	2,166	292	934	3	21	9	535	27	672	27	2	—	34	—	3,556	19	825	62	1	—	136	1	1	1	35,746	—	3,567	—	196	12	59,888	1,591

* The fact that in some cases more deaths have been notified than cases is to be explained by the incompleteness of the returns rendered to the Department.

Table A (vii).—Notification of Disease and Numbers of Deaths during the Year ended 31st December, 1952.

Province.	Anthrax.		Diphtheria.		Encephalitis Infective.		Enteric or Typhoid Fever.		Erysipelas.		Insecticidal Poisoning.		Lead Poisoning.		Leprosy.		Malta Fever.		Meningitis Cerebrospinal.		Opthalmia.		Plague.		Poliomyelitis Acute.		Peurperal Fever.		Rabies.		Scarlatina.		Smallpox.		Trachoma.		Typhus Fever.		Total.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
DISEASE.																																						
I.—EUROPEAN.																																						
Cape Province	—	—	279	9	2	1	127	— 1	2	—	—	—	—	—	—	—	1	—	71	— 7	11	—	— 1	— 1	42	— 2	2	—	— 1	— 1	386	—	—	—	—	—	— 5	1 —	930	22
Natal	—	—	130	2	9	1	54	—	14	—	—	—	—	—	—	—	—	—	11	—	1	—	—	—	27	—	—	—	—	—	160	—	—	—	—	—	1	—	408	3
Transvaal	—	—	685	42	19	3	207	6	17	—	2	—	1	—	1	—	2	—	87	— 3	4	—	—	—	90	—	30	—	— 1	— 1	636	—	—	— 1	1	—	—	—	1,783	56
Orange Free State	—	—	128	5	—	—	47	1	4	—	—	—	—	—	2	—	—	—	17	—	1	—	—	—	23	—	2	—	—	—	91	—	—	—	—	—	—	—	315	6
Total	—	—	1,222	58	30	5	435	8	37	—	2	—	1	—	3	—	4	—	186	10	17	—	1	1	182	2	34	—	2	2	1,273	—	1	1	—	—	6	—	3,436	87
II.—NATIVES.																																						
Cape Province	6	—	218	17	1	—	503	20	6	—	1	—	—	—	41	—	—	—	93	20	236	—	—	—	14	1	143	1	3	— 3	6	—	2	—	10	—	67	1	1,350	70
Natal	—	—	267	40	13	2	961	64	5	— 2	—	—	—	—	—	—	— 1	—	61	9	49	— 5	—	—	28	—	62	— 1	—	—	3	—	—	—	—	—	5	—	1,455	122
Transvaal	8	—	992	137	12	2	1,305	82	4	—	11	—	1	—	49	5	—	—	536	45	157	1	—	—	22	3	157	6	1	— 1	12	—	73	16	124	—	13	—	3,477	298
Orange Free State	11	—	370	46	—	—	283	6	—	—	—	—	—	—	15	—	—	—	60	6	14	—	1	1	6	1	20	1	—	—	4	—	4	—	3	—	3	—	794	61
Total	25	—	1,847	240	26	4	3,052	172	15	2	12	—	1	—	105	5	1	—	750	80	456	6	1	1	70	5	382	8	4	4	25	—	79	16	137	—	88	1	7,076	551
III.—ASIATICS.																																						
Cape Province	—	—	32	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	32	4
Natal	—	—	86	8	6	2	134	4	1	1	—	—	—	—	—	—	—	—	6	—	—	— 1	—	—	—	2	—	— 1	—	—	—	—	—	—	—	—	—	—	238	16
Transvaal	—	—	24	1	—	—	5	—	—	—	—	—	—	—	—	—	—	—	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	34	1
Orange Free State	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	142	13	6	2	139	4	1	1	—	—	—	—	—	—	—	—	9	—	2	1	—	—	2	—	1	—	—	—	—	—	—	—	1	—	1	—	304	21
IV.—COLOUREDS.																																						
Cape Province	1	—	220	13	1	—	191	6	1	—	—	—	—	—	1	—	1	—	168	31	167	—	—	2	1	12	2	47	1	—	—	23	—	—	—	7	—	3	—	845	54
Natal	—	—	14	1	2	1	8	1	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	2	—	—	—	—	—	3	—	—	—	—	—	—	—	30	4
Transvaal	—	—	51	5	1	—	30	4	—	—	—	—	—	—	1	—	—	—	5	—	5	—	—	—	2	—	—	—	—	—	1	—	—	—	—	—	—	—	96	9
Orange Free State	—	—	10	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	1
Total	1	—	295	20	4	1	229	11	1	—	—	—	—	—	2	—	1	—	173	32	173	—	2	1	16	2	47	1	—	—	27	—	—	—	7	—	3	—	981	68
V.—TOTAL—ALL RACES.																																						
Cape Province	7	—	749	43	4	1	821	27	9	—	1	—	—	—	42	—	2	—	332	58	414	—	3	2	68	5	192	2	4	4	415	—	2	—	17	—	75	8	3,157	150
Natal	—	—	497	51	30	6	1,157	69	20	3	—	—	—	—	—	—	2	—	78	10	52	6	—	—	59	—	63	—	—	—	166	—	—	—	—	—	7	—	2,131	145
Transvaal	8	—	1,752	185	32	5	1,547	92	21	—	13	—	2	—	51	5	2	—	631	48	167	1	—	—	114	3	187	6	2	— 2	649	—	74	17	125	—	13	—	5,390	364
Orange Free State	11	—	508	52	—	—	330	7	4	—	—	—	—	—	17	—	—	—	77	6	15	—	1	1	29	1	22	1	—	—	95	—	4	—	3	—	3	—	1,119	68
Total	26	—	3,506	331	66	12	3,855	195	54	3	14	—	2	—	110	5	6	—	1,118	122	648	7	4	3	270	9	464	9	6	6	1,325	—	80	17	145	—	98	8	11,797	727

TABLE II (1) (*a*).—INCIDENCE OF DEATHS FROM DIPHTHERIA PER 100,000 OF POPULATION (EUROPEANS).

Year (Calendar).	Rate per 100,000 of Population.	Year (Calendar).	Rate per 100,000 of Population.
1920.....	12·33	1937.....	5·87
1921.....	11·17	1938.....	6·53
1922.....	14·01	1939.....	6·76
1923.....	15·51	1940.....	6·97
1924.....	10·93	1941.....	5·92
1925.....	14·23	1942.....	7·22
1926.....	6·56	1943.....	6·71
1927.....	6·32	1944.....	6·17
1928.....	8·97	1945.....	4·80
1929.....	5·83	1946.....	3·66
1930.....	8·18	1947.....	2·63
1931.....	7·05	1948.....	4·11
1932.....	4·68	1949.....	3·93
1933.....	4·66	1950.....	4·25
1934.....	6·27	1951.....	4·60
1935.....	3·95	1952.....	Not yet available.
1936.....	4·48		

TABLE II (1) (*b*).—DIPHTHERIA—DISTRIBUTION OF CASES AND DEATHS—BY AGE AND RACE. REPORTED DURING THE PERIOD 1ST JULY, 1947 TO 30TH JUNE, 1948.

Province.	Cases. Age Groups. Under 1 Year.	1–4.	5–9.	10.+	Total.	Annual Incidence Rate per 100,000 of Total Population.	Deaths. Age Groups. Under 1 Year.	1–4.	5–9.	10.+	Total	Death Rate per 100,000 of Total Population.
EUROPEAN.												
Cape (including Transkei).....	27	121	104	120	372	44·15	3	13	1	—	17	2·14
Natal.....	6	38	30	51	125		—	6	1	1	8	
Transvaal.....	23	186	189	120	518		2	16	5	2	25	
Orange Free State...	6	30	25	14	75		—	3	—	—	3	
UNION.....	62	375	348	305	1,090		5	38	7.	3	53	
NATIVE.												
Cape (including Transkei).....	13	108	105	167	393	15·21	2	8	1	1	12	1·40
Natal.....	33	97	34	50	214		6	25	4	—	35	
Transvaal.....	41	169	125	78	413		9	40	10	3	62	
Orange Free State...	5	79	72	51	207		1	1	1	1	4	
UNION.....	92	453	336	346	1,227		18	74	16	5	113	
ASIATIC.												
Cape (including Transkei).....	—	2	3	—	5	30·97	—	—	—	—	—	3·55
Natal.....	9	25	26	13	73		3	5	2	—	10	
Transvaal.....	1	8	6	3	18		1	—	—	—	1	
Orange Free State...	—	—	—	—	—		—	—	—	—	—	
UNION.....	10	35	35	16	96		4	5	2	—	11	
MIXED AND OTHER COLOURED RACES.												
Cape (including Transkei).....	32	127	53	61	273	32·42	1	8	2	1	12	1·83
Natal.....	2	11	3	4	20		1	2	1	—	4	
Transvaal.....	1	9	7	9	26		—	—	1	—	1	
Orange Free State...	—	—	—	1	1		—	—	—	1	1	
UNION.....	35	147	63	75	320		2	10	4	2	18	
TOTAL (ALL RACES).												
Cape (including Transkei).....	72	358	265	348	1,043	23·11	6	29	4	2	41	1·65
Natal.....	50	171	93	118	432		10	38	8	1	57	
Transvaal.....	66	372	327	210	975		12	56	16	5	89	
Orange Free State...	11	109	97	66	283		1	4	1	2	8	
UNION.....	199	1,010	782	742	2,733		29	127	29	10	195	

TABLE II (1) (*b*) (*continued*).—DIPHTHERIA—DISTRIBUTION OF CASES AND DEATHS—BY RACE AND AGE. REPORTED DURING THE PERIOD 1ST JULY, 1948 TO 30TH JUNE, 1949.

Province.	Cases. Age Groups. Under 1 Year.	1–4.	5–9.	10.+	Total.	Annual Incidence Rate per 100,000 of Total Population.	Deaths. Age Groups. Under 1 Year.	1–4.	5–9.	10.+	Total	Death Rate per 100,000 of Total Population.
EUROPEAN.												
Cape (including Transkei)	7	114	84	58	263		—	9	9	2	20	
Natal	5	96	98	78	277	51·61	—	12	11	—	23	2·85
Transvaal	27	250	252	158	687		—	15	4	—	19	
Orange Free State	1	31	36	14	82		—	6	1	—	7	
UNION	40	491	470	308	1,309		—	42	25	2	69	
NATIVE.												
Cape (including Transkei)	11	107	58	63	239		1	7	3	1	12	
Natal	36	212	70	84	402	17·07	12	62	20	4	98	2·27
Transvaal	24	229	125	150	528		9	33	18	6	66	
Orange Free State	6	76	98	52	232		2	3	4	2	11	
UNION	77	624	351	349	1,401		24	105	45	13	187	
ASIATIC.												
Cape (including Transkei)	1	7	2	2	12		—	1	—	—	1	
Natal	11	64	45	31	151	60·74	3	12	4	—	19	6·45
Transvaal	—	11	13	11	35		—	1	—	—	1	
Orange Free State	—	—	—	—	—		—	—	—	—	—	
UNION	12	82	60	44	198		3	14	4	—	21	
MIXED AND OTHER COLOURED RACES.												
Cape (including Transkei)	20	125	47	41	233		3	24	3	2	32	
Natal	4	31	17	16	68	33·66	1	4	—	—	5	3·94
Transvaal	2	18	10	7	37		—	2	1	—	3	
Orange Free State	—	2	—	2	4		—	—	—	—	—	
UNION	26	176	74	66	342		4	30	4	2	40	
TOTAL (ALL RACES).												
Cape (including Transkei)	39	353	191	164	747		4	41	15	5	65	
Natal	56	403	230	209	898	26·89	16	90	35	4	145	2·65
Transvaal	53	508	400	326	1,287		9	51	23	6	89	
Orange Free State	7	109	134	68	318		2	9	5	2	18	
UNION	155	1,373	955	767	3,250		31	191	78	17	317	

TABLE II (1) (*b*) (*continued*).—DIPHTHERIA—DISTRIBUTION OF CASES AND DEATHS—BY RACE AND AGE. REPORTED DURING THE PERIOD 1ST JULY, 1949 TO 30TH JUNE, 1950.

Province.	Cases. Age Groups. Under 1 Year.	1–4.	5–9.	10. +	Total.	Annual Incidence Rate per 100,000 of Total Population.	Deaths. Age Groups. Under 1 Year.	1–4.	5–9.	10. +	Total	Death Rate per 100,000 of Total Population.
EUROPEAN.												
Cape (including Transkei)	12	151	128	109	400	64·47	—	11	3	1	15	2·51
Natal	6	99	126	88	319		1	8	3	—	12	
Transvaal	22	302	284	184	792		2	14	6	3	25	
Orange Free State	4	61	54	39	158		—	11	2	—	13	
UNION	44	613	592	420	1,669		3	44	14	4	65	
NATIVE.												
Cape (including Transkei)	26	151	127	103	407	35·83	3	16	2	2	23	3·49
Natal	56	289	98	102	545		12	85	20	7	124	
Transvaal	67	558	386	308	1,319		10	56	33	11	110	
Orange Free State	17	258	261	184	720		1	16	12	3	32	
UNION	166	1,256	872	697	2,991		26	173	67	23	289	
ASIATIC.												
Cape (including Transkei)	—	4	1	1	6	55·40	—	—	—	—	—	5·25
Natal	2	65	54	22	143		2	12	2	—	16	
Transvaal	1	14	18	8	41		—	—	2	—	2	
Orange Free State	—	—	—	—	—		—	—	—	—	—	
UNION	3	83	73	31	190		2	12	4	—	18	
MIXED AND OTHER COLOURED RACES.												
Cape (including Transkei)	37	173	58	47	315	44·33	2	16	3	2	23	3·62
Natal	2	24	15	19	60		1	2	3		6	
Transvaal	5	27	23	18	73		2	3	2	—	7	
Orange Free State	—	5	8	5	18		—	1	—	1	2	
UNION	44	229	104	89	466		5	22	8	3	38	
TOTAL (ALL RACES).												
Cape (including Transkei)	75	479	314	260	1,128	43·13	5	43	8	5	61	3·34
Natal	66	477	293	231	1,067		16	107	28	7	158	
Transvaal	95	901	711	518	2,225		14	73	43	14	144	
Orange Free State	21	324	323	228	896		1	28	14	4	47	
UNION	257	2,181	1,641	1,237	5,316		36	251	93	30	410	

TABLE II (1) (*b*) (*continued*).—DIPTHHERIA—DISTRIBUTION OF CASES AND DEATHS—BY RACE AND AGE. REPORTED DURING THE THE PERIOD 1ST JULY, 1950 TO 31ST DECEMBER, 1951.

Province.	Cases. Age Groups. Under 1 Year.	1–4.	5–9.	10. +	Total.	Annual Incidence Rate per 100,000 of Total Population.	Deaths. Age Groups. Under 1 Year.	1–4.	5–9.	10. +	Total	Death Rate per 100,000 of Total Population.
EUROPEAN.												
Cape (including Transkei)	25	193	138	118	474	65·24	2	8	6	—	16	4·60
Natal	15	73	77	48	213		1	8	2	1	12	
Transvaal	40	289	313	233	875		9	30	26	12	77	
Orange Free State	14	54	65	49	182		1	9	3	5	18	
UNION	94	609	593	448	1,744		13	55	37	18	123	
NATIVE.												
Cape (including Transkei)	22	138	77	54	291	37·02	6	17	10	8	41	5·91
Natal	131	312	134	107	684		33	81	9	11	134	
Transvaal	115	562	416	333	1,426		24	112	64	14	214	
Orange Free State	62	244	181	254	741		19	39	19	36	113	
UNION	330	1,256	808	748	3,142		82	249	102	69	502	
ASIATIC.												
Cape (including Transkei)	—	6	1	2	9	53·76	—	2	—	—	2	8·36
Natal	5	71	41	16	133		3	17	5	3	28	
Transvaal	5	18	14	14	51		—	—	—	—	—	
Orange Free State	—	—	—	—	—		—	—	—	—	—	
UNION	10	95	56	32	193		3	19	5	3	30	
MIXED AND OTHER COLOURED RACES.												
Cape (including Transkei)	25	153	62	50	290	63·04	3	18	6	3	30	4·69
Natal	6	26	8	12	52		1	2	—	—	3	
Transvaal	19	43	243	27	332		—	6	3	3	12	
Orange Free State	1	5	2	4	12		2	4	—	—	6	
UNION	51	227	315	93	686		6	30	9	6	51	
TOTAL (ALL RACES).												
Cape (including Transkei)	72	490	278	224	1,064	45·88	11	45	22	11	89	5·62
Natal	157	482	260	183	1,082		38	108	16	15	177	
Transvaal	179	912	986	607	2,684		33	148	93	29	303	
Orange Free State	77	303	248	307	935		22	52	22	41	137	
UNION	485	2,187	1,772	1,321	5,765		104	353	153	96	706	

TABLE II (1) (*b*) (*continued*).—DIPHTHERIA—DISTRIBUTION OF CASES AND DEATHS—BY RACE AND AGE. REPORTED DURING THE YEAR ENDED 31ST DECEMBER, 1952.

Province.	Cases. Age Groups.							Deaths. Age Groups.						
	Under 1 Year.	1–4 Years.	5–9 Years.	10–19 Years.	20— Years.	Total.	Incidence Rate per 100,000 of Population.	Under 1 Year.	1–4. Years.	5–9 Years.	10–19 Years.	20— Years.	Total.	Death Rate per 100,000 of Population.
EUROPEAN.														
Cape Province	16	114	86	34	29	279	29·43	—	8	1	—	—	9	0·95
Natal	10	36	37	20	27	130	46·26	2	—	—	—	—	2	0·71
Transvaal	22	244	274	83	62	685	55·56	3	27	10	2	—	42	3·41
Orange Free State	5	42	44	16	21	128	54·94	1	1	3	—	—	5	2·15
UNION	53	436	441	153	139	1,222	45·34	6	36	14	2	—	58	2·16
NATIVE.														
Cape Province	15	98	46	36	23	218	8·66	2	13	2	—	—	17	0·68
Natal	79	116	36	18	18	267	14·63	13	18	4	4	1	40	2·20
Transvaal	62	416	322	132	60	992	27·90	27	63	36	8	3	137	3·85
Orange Free State	20	136	128	54	32	370	46·13	1	21	16	6	2	46	5·74
UNION	176	766	532	240	133	1,847	21·21	43	115	58	18	6	240	2·76
ASIATIC.														
Cape Province	7	16	7	2	—	32	177·78	—	2	2	—	—	4	22·22
Natal	8	26	35	13	4	86	27·83	—	4	4	—	—	8	2·59
Transvaal	1	3	12	7	1	24	47·06	—	—	1	—	—	1	1·96
Orange Free State	—	—	—	—	—	—	—	—	—	—	—	—	—	—
UNION	16	45	54	22	5	142	37·57	—	6	7	—	—	13	4·68
COLOURED.														
Cape Province	23	116	45	24	12	220	21·74	4	6	3	—	—	13	1·28
Natal	1	5	7	1	—	14	42·42	1	—	—	—	—	1	3·03
Transvaal	4	30	9	8	—	51	64·56	—	5	—	—	—	5	6·33
Orange Free State	—	7	1	1	1	10	66·67	1	—	—	—	—	1	6·67
UNION	28	158	62	34	13	295	25·90	6	11	3	—	—	20	1·76
TOTAL (ALL RACES).														
Cape Province	61	344	184	96	64	749	16·66	6	29	8	—	—	43	0·96
Natal	98	183	115	52	49	497	20·30	16	22	8	4	1	51	2·08
Transvaal	89	693	617	230	123	1,752	35·62	30	95	47	10	3	185	3·76
Orange Free State	25	185	173	71	54	508	48·38	3	22	19	6	2	52	4·95
UNION	273	1,405	1,089	449	290	3,506	27·15	55	168	82	20	6	331	2·56

TABLE II (2) (*a*).—LEPER INSTITUTIONS—PATIENTS THEREIN.

Institution.	EUROPEANS.		NATIVE.		MIXED		ASIATIC.		TOTAL.		Persons
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	
On 30th June, 1947—											
Westfort (Pretoria).....	41	32	533	310	58	32	6	2	638	376	1,014
Mkambati.....	—	—	79	75	—	—	—	—	79	75	154
Mjanyana.....	—	—	231	210	—	—	—	—	231	210	441
Amatikulu.....	—	—	206	167	—	—	—	—	206	167	373
Bochum.....	—	—	61	48	—	—	—	—	61	48	109
TOTAL.....	41	32	1,110	810	58	32	6	2	1,215	876	2,091
On 30th June, 1948—											
Westfort (Pretoria).....	42	33	574	337	54	24	6	2	676	396	1,072
Mkambati.....	—	—	68	76	—	—	—	—	68	76	144
Mjanyana.....	—	—	206	193	—	—	—	—	206	193	399
Amatikulu.....	—	—	206	169	—	—	—	—	206	169	375
Bochum.....	—	—	63	61	—	—	—	—	63	61	124
TOTAL.....	42	33	1,117	836	54	24	6	2	1,219	895	2,114
On 30th June, 1949—											
Westfort (Pretoria).....	34	22	590	355	50	25	5	2	679	404	1,083
Mkambati.....	—	—	65	66	—	—	—	—	65	66	131
Mjanyana.....	—	—	204	176	—	—	—	—	204	176	380
Amatikulu.....	—	—	199	156	—	—	—	—	199	156	355
Bochum.....	—	—	61	59	—	—	—	—	61	59	120
TOTAL.....	34	22	1,119	812	50	25	5	2	1,208	861	2,069
On 30th June, 1950—											
Pretoria.....	37	24	637	377	50	22	5	3	729	426	1,155
Mkambati.....	—	—	72	80	—	—	—	—	72	80	152
Mjanyana.....	—	—	221	179	—	—	—	—	221	179	400
Amatikulu.....	—	—	244	172	—	—	—	—	244	172	416
Bochum.....	—	—	63	54	—	—	—	—	63	54	117
TOTAL.....	37	24	1,237	862	50	22	5	3	1,329	911	2,240
On 30th June, 1951—											
Westfort (Pretoria).....	32	18	664	359	45	26	5	2	746	405	1,151
Mkambati.....	—	—	63	80	—	—	—	—	63	80	143
Mjanyana.....	—	—	184	171	—	—	—	—	184	171	355
Amatikulu.....	—	—	226	189	—	—	—	—	226	189	415
Bochum.....	—	—	67	53	—	—	—	—	67	53	120
TOTAL.....	32	18	1,204	852	45	26	5	2	1,286	898	2,184
On 31 December, 1951—											
Westfort (Pretoria).....	34	18	680	382	48	26	4	2	766	428	1,194
Mkambati.....	—	—	53	75	—	—	—	—	53	75	128
Mjanyana.....	—	—	151	132	—	—	—	—	151	132	283
Amatikulu.....	—	—	199	162	—	—	—	—	199	162	361
Bochum.....	—	—	62	49	—	—	—	—	62	49	111
TOTAL.....	34	18	1,145	800	48	26	4	2	1,231	846	2,077
On 31th December, 1952—											
Westfort (Pretoria).....	32	20	661	373	46	29	2	1	741	423	1,164
Mkambati.....	—	—	50	63	—	—	—	—	50	63	113
Mjanyana.....	—	—	123	123	1	—	—	—	124	123	247
Amatikulu.....	—	—	202	163	—	—	—	—	202	163	365
Bochum.....	—	—	58	47	—	—	—	—	58	47	105
TOTAL.....	32	20	1,094	769	47	29	2	1	1,175	819	1,994

TABLE II (2) (*b*).—LEPROSY: FIRST ADMISSIONS, RECRUDESCED CASES, DISCHARGES AND DEATHS, YEAR ENDED 30TH JUNE, 1948, 1949, 1950, 1951, and SIX MONTHS ENDING 31ST DECEMBER, 1951 and YEAR ENDED 31ST DECEMBER, 1952.

Institution.	Admissions for First Time.	Recrudesced.	Discharged.	Died.
30th June, 1948—				
Westfort (Pretoria)...	302	44	187	95
Mkambati.....	37	8	50	17
Mjanyana.....	101	34	140	42
Amatikulu....	95	30	77	39
Bochum.....	39	2	12	14
TOTAL....	574	118	466	207
30th June, 1949—				
Westfort (Pretoria)...	281	18	302	56
Mkambati.....	38	7	49	13
Mjanyana.....	96	40	123	42
Amatikulu....	138	18	126	34
Bochum.....	10	5	11	8
TOTAL.....	563	88	611	153
30th June, 1950—				
Westfort (Pretoria)...	329	50	286	54
Mkambati.....	44	10	70	10
Mjanyana.....	127	48	132	43
Amatikulu....	145	28	65	40
Bochum.....	—	23	12	15
TOTAL....	645	159	565	162
30th June, 1951—				
Westfort (Pretoria)...	306	16	355	53
Mkambati.....	30	5	62	7
Mjanyana.....	78	8	164	23
Amatikulu....	117	2	104	26
Bochum.....	18	5	17	4
TOTAL....	549	36	702	113
For six months ended 31th December, 1951—				
Westfort (Pretoria).	204	2	191	17
Mkambati...	24	—	50	3
Mjanyana...	47	2	132	12
Amatikulu..	48	4	100	13
Bochum.....	10	3	20	3
TOTAL....	333	11	493	48
Year ended 31st December, 1952				
Westfort (Pretoria).	300	39	266	28
Mkambati...	39	8	61	4
Mjanyana...	102	4	136	21
Amatikulu..	165	23	180	13
Bochum.....	26	1	25	6
TOTAL....	632	75	668	72

TABLE II (2) (*c*).—LEPROSY CASES REMAINING IN THEIR OWN HOMES ON 30TH JUNE, 1948, 1949, 1950, 1951 AND ON 31ST DECEMBER, 1951 and 1952.

	Certified and Awaiting Removal to Leper Institution.	Home Segregated.	Discharged from Leper Institutions, still under surveillance.	Total.
30th June, 1948—				
Cape Province (excluding Transkei)...	—	—	251	251
Transkei.....	7	—	1,016	1,023
Transvaal.....	—	—	758	758
Natal.....	—	—	453	453
Orange Free State.....	—	—	247	247
UNION....	7	—	2,725	2,732
30th June, 1949—				
Cape Province (excluding Transkei)...	—	—	344	344
Transkei.....	3	—	1,185	1,188
Transvaal.....	—	—	851	851
Natal.....	—	—	574	574
Orange Free State.....	—	—	341	341
UNION....	3	—	3,295	3,298
30th June, 1950—				
Cape Province. (excluding Transkei)...	—	—	430	430
Transkei.....	8	—	1,344	1,352
Transvaal.....	—	—	937	937
Natal.....	—	—	639	639
Orange Free State.....	—	—	429	429
UNION....	8	—	3,779	3,787
30th June, 1951—				
Cape Province (excluding Transkei)...	—	—	528	528
Transkei.....	7	—	1,529	1,536
Transvaal.....	—	—	1,035	1,035
Natal.....	11	—	724	735
Orange Free State.....	—	—	528	528
UNION....	18	—	4,344	4,362
31st December, 1951—				
Cape Province (excluding Transkei)...	—	—	582	582
Transkei.....	—	—	1,692	1,692
Transvaal.....	—	—	1,089	1,089
Natal.....	—	—	820	820
Orange Free State.....	—	—	582	582
UNION....	—	—	4,765	4,765
31st December, 1952—				
Cape Province (excluding Transkei)...	—	—	594	594
Transkei.....	4	—	1,889	1,893
Transvaal.....	—	—	1,315	1,315
Natal.....	26	—	1,026	1,052
Orange Free State.....	—	—	635	635
UNION....	30	—	5,459	5,489

TABLE II (3) (*a*).—MALARIA.

Huts treated with Residual Insecticides.

Year.	Transvaal.	Natal.
1947–48	281,907	64,694
1948–49	329,494	49,373
1949–50	429,537	108,930
1950–51	356,819	106,930
1951–52	320,785	66,897

TABLE II (3) (*b*).—VECTORS FOUND IN CHECK SPRAYING.

	Huts Check Sprayed.		Vectors taken.		Ratio of Vectors per Hut.	
	Trans-vaal.	Natal.	Trans-vaal.	Natal.*	Trans-vaal.	Natal.
1947–48	178,754	37,180	18,035	2,170	1:9·9	1:17·1
1948–49	132,035	32,220	12,652	3,388	1:10·4	1:9·5
1949–50	211,899	36,970	8,285	2,873	1:25·6	1:12·8
1950–51	168,812	33,435	1,572	1,383	1:107	1:16·7
1951–52	157,063	24,360	1,133	1,096	1:139	1:22·2

* Natal adult vectors identified from uncontrolled areas in Maputaland.

TABLE II (3) (*c*).—TABLE SHOWING NUMBER OF POSITIVE SMEARS EXAMINED.

	Transvaal.	Natal.	Total.
1942–43	2,396	359	2,755
1943–44	3,980	234	4,214
1944–45	1,831	142	1,973
1945–46	1,263	450	1,713
1946–47	384	134	518
1947–48	441	87	528
1948–49	128	94	222
1949–50	61	134	195
1950–51	41	80	121
1951–52	19	35	54

TABLE II (4) (*a*).—SUMMARY OF DISTRIBUTION OF HUMAN PLAGUE.

	Year Ended 30/6/48.			Year Ended 30/6/49.			Year Ended 30/6/50.			Period 1/7/50 to 31/12/51.			Year Ended 31/12/52.		
	Out-breaks.	Cases.	Deaths.	Out-breaks.	Cases.	Deaths.	Out-breaks.	Cases.	Deaths.	Out-breaks.	Cases.	Deaths.	Out-breaks.	Cases.	Deaths.
Cape Province—															
Aliwal North	—	—	—	1	2	2	—	—	—	—	—	—	—	—	—
Barkly West	1	1	1	—	—	—	—	—	—	3	6	2	—	—	—
Beaufort West	—	—	—	—	—	—	—	—	—	1	3	0	—	—	—
Carnarvon	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Cathcart	—	—	—	—	—	—	—	—	—	1	2	2	—	—	—
Glen Grey	2	4	3	2	7	4	—	—	—	—	—	—	—	—	—
Cordonia	—	—	—	—	—	—	7	8	2	—	—	—	—	—	—
Hay	1	4	3	2	7	3	2	7	6	—	—	—	—	—	—
Kuruman	—	—	—	9	11	9	13	13	8	—	—	—	—	—	—
Maraisburg	—	—	—	—	—	—	—	—	—	1	2	2	—	—	—
Port Elizabeth	—	—	—	—	—	—	—	—	—	—	—	—	1	3	2
Postmasburg	—	—	—	2	7	3	—	—	—	—	—	—	—	—	—
Queenstown	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—
St. Marks	2	9	3	—	—	—	—	—	—	—	—	—	—	—	—
Uitenhage	—	—	—	1	2	2	—	—	—	—	—	—	—	—	—
Vryburg	—	—	—	—	—	—	3	4	3	—	—	—	—	—	—
Williston	1	1	1	1	1	1	—	—	—	—	—	—	—	—	—
Transvaal—															
Johannesburg	1	2	1	—	—	—	—	—	—	1	1	1	—	—	—
Potchefstroom	—	—	—	1	4	2	—	—	—	—	—	—	—	—	—
Ventersdorp	1	5	2	—	—	—	—	—	—	—	—	—	—	—	—
Orange Free State—															
Bethulie	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—
Bothaville	2	3	3	—	—	—	1	1	1	1	1	—	—	—	—
Dewetsdorp	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—
Fauresmith	—	—	—	—	—	—	1	1	1	2	4	3	—	—	—
Heilbron	1	7	4	—	—	—	1	1	1	—	—	—	1	1	—
Koppies	—	—	—	5	7	2	—	—	—	1	1	—	—	—	—
Kroonstad	—	—	—	—	—	—	—	—	—	1	6	3	—	—	—
Ladybrand	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—
Thaba 'Nchu	—	—	—	—	—	—	1	5	3	—	—	—	1	1	1
Vredefort	4	5	3	2	6	1	1	1	—	—	—	—	—	—	—
TOTAL	17	42	25	27	55	30	33	44	27	12	26	13	3	5	3

TABLE II (4) (*b*).—DISTRIBUTION OF HUMAN PLAGUE AMONG THE DISTRICTS OF THE AFFECTED PROVINCES DURING THE YEAR ENDING 30 JUNE, 1948.

	Number of Outbreaks.	EUROPEAN.		NON-EUROPEAN.		TOTAL.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Cape—							
Barkly West	1	—	—	1	1	1	1
Carnarvon	1	—	—	1	1	1	1
Glen Grey	2	—	—	4	3	4	3
Hay	1	—	—	4	3	4	3
St. Marks	2	1	—	8	3	9	3
Williston	1	—	—	1	1	1	1
TOTAL	8	1	—	19	12	20	12
Transvaal—							
Johannesburg	1	2	1	—	—	2	1
Ventersdorp	1	—	—	5	2	5	2
TOTAL	2	2	1	5	2	7	3
Orange Free State—							
Bothaville	2	2	2	1	1	3	3
Heilbron	1	—	—	7	4	7	4
Vredefort	4	1	—	4	3	5	3
TOTAL	7	3	2	12	8	15	10
UNION	17	6	3	36	22	42	25

TABLE II (4) (*b*) (*continued*).—DISTRIBUTION OF HUMAN PLAGUE AMONG THE DISTRICTS OF THE AFFECTED PROVINCES DURING THE YEAR ENDING 30 JUNE, 1949.

	Number of Outbreaks.	EUROPEAN.		NON-EUROPEAN.		TOTAL.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Cape—							
Aliwal North	1	—	—	2	2	2	2
Glen Grey	2	—	—	7	4	7	4
Kuruman	9	—	—	11	9	11	9
Hay	2	—	—	7	3	7	3
Postmasburg	2	—	—	7	3	7	3
Queenstown	1	—	—	1	1	1	1
Uitenhage	1	—	—	2	2	2	2
Williston	1	—	—	1	1	1	1
TOTAL	19	—	—	38	25	38	25
Transvaal—							
Potchefstroom	1	1	—	3	2	4	2
Orange Free State—							
Koppies	5	—	—	7	2	7	2
Vredefort	2	—	—	6	1	6	1
TOTAL	7	—	—	13	3	13	3
UNION	27	1	—	54	30	55	30

TABLE II (4) (*b*) (*continued*).—DISTRIBUTION OF HUMAN PLAGUE AMONG THE DISTRICTS OF THE AFFECTED PROVINCES DURING THE YEAR ENDING 30TH JUNE, 1950.

	Number of Outbreaks.	European.		Non-European.		Total.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Cape—							
Gordonia	7	1	—	7	2	8	2
Hay	2	—	—	7	6	7	6
Kuruman	13	1	1	12	7	13	8
Vryburg	3	—	—	4	3	4	3
TOTAL	25	2	1	30	18	32	19
Orange Free State—							
Bethulie	1	—	—	1	1	1	1
Bothaville	1	—	—	1	1	1	1
Dewetsdorp	1	1	—	—	—	1	—
Fauresmith	1	—	—	1	1	1	1
Heilbron	1	—	—	1	1	1	1
Ladybrand	1	—	—	1	1	1	1
Thaba 'Nchu	1	—	—	5	3	5	3
Vredefort	1	—	—	1	—	1	—
TOTAL	8	1	—	11	8	12	8
UNION	33	3	1	41	26	44	27

TABLE II (4) (*b*) (*continued*).—DISTRIBUTION OF HUMAN PLAGUE AMONG THE DISTRICTS OF THE AFFECTED PROVINCES DURING THE PERIOD 1ST JULY, 1950 TO 31ST DECEMBER, 1951.

	Number of Outbreaks.	European.		Non-European.		Total.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Cape Province—							
Barkly West	3	—	—	6	2	6	2
Beaufort West	1	—	—	3	—	3	—
Cathcart	1	—	—	2	2	2	2
Maraisburg	1	—	—	2	2	2	2
TOTAL	6	—	—	13	6	13	6
Transvaal—							
Johannesburg	1	—	—	1	1	1	1
Orange Free State—							
Bothaville	1	—	—	1	—	1	—
Fauresmith	2	—	—	4	3	4	3
Koppies	1	—	—	1	—	1	—
Kroonstad	1	—	—	6	3	6	3
TOTAL	5	—	—	12	6	12	6
UNION	12	—	—	26	13	26	13

TABLE II (4) (*b*) (*continued*).—DISTRIBUTION OF HUMAN PLAGUE AMONG THE DISTRICTS OF THE TWO AFFECTED PROVINCES DURING THE YEAR ENDED 31ST DECEMBER, 1952.

	Number of Outbreaks.	Cases.	Deaths.
Cape Province—			
Port Elizabeth	1	3	2
Orange Free State—			
Thaba 'Nchu	1	1	1
Heilbron	1	1	—

TABLE II (5) (*a*).—MONTHLY INCIDENCE OF REPORTED CASES OF ACUTE POLIOMYELITIS.

Month.	CAPE.		NATAL.		TRANSVAAL.		ORANGE FREE STATE.		UNION.		Remarks.
	European.	Non-European.	European.	Non-European.	European.	Non-European.	European.	Non-European.	European.	Non-European.	
1947—											
July	—	2	—	—	1	—	—	—	1	2	Total for six months.
August	1	—	—	—	2	—	—	—	3	—	
September	2	2	1	2	2	—	1	2	6	6	European 42
October	—	1	—	—	4	—	—	—	4	1	Non-European 18
November	5	2	—	—	3	—	—	—	8	2	
December	10	4	1	—	8	2	1	1	20	7	
1948—											
January	13	4	5	1	48	28	2	2	68	35	
February	7	4	7	6	173	41	3	3	190	54	
March	7	6	20	12	351	112	19	9	397	139	
April	15	26	60	73	359	137	36	36	470	272	
May	13	16	33	43	98	45	28	31	172	135	Total for 1948.
June	6	3	17	25	9	10	9	2	41	40	European 1,440
July	4	2	16	12	15	12	1	3	36	29	Non-European 788
August	2	9	3	14	12	6	—	1	17	30	
September	2	1	4	6	3	3	6	2	15	12	
October	1	3	1	3	4	4	3	2	9	12	
November	4	3	2	2	3	8	4	—	13	13	
December	3	7	2	4	7	4	—	2	12	17	
1949—											
January	4	6	1	3	5	2	4	4	14	15	
February	4	5	1	—	10	4	1	4	16	13	
March	1	6	2	2	16	1	2	4	21	13	
April	3	2	2	7	24	6	3	7	32	22	
May	4	2	—	6	39	17	3	2	46	27	Total for 1949.
June	6	4	13	15	45	20	9	4	73	43	European 254
July	2	1	—	—	5	—	—	—	7	1	Non-European 160
August	1	4	—	1	1	—	—	—	2	5	..
September	1	—	1	2	5	5	—	—	7	7	
October	5	1	2	—	9	1	—	1	16	3	
November	4	2	3	1	2	—	—	1	9	4	
December	2	2	2	—	5	5	2	1	11	7	
1950—											
January	2	1	7	4	10	5	—	1	19	11	
February	—	—	—	—	9	3	1	1	10	4	
March	3	2	1	1	9	—	—	—	13	3	
April	—	—	5	—	6	1	—	—	11	1	
May	1	2	—	—	4	—	—	1	5	3	Total for 1950.
June	2	—	1	—	5	—	1	1	8	1	European 108
July	4	2	—	1	2	—	—	—	6	3	Non-European 53
August	1	3	1	—	2	3	—	1	4	7	
September	1	2	2	—	4	—	—	—	7	2	
October	1	3	5	1	4	1	—	—	10	5	
November	2	3	1	2	1	—	1	—	5	5	
December	3	5	—	3	7	1	—	—	10	8	
1951—											
January	6	7	—	1	4	2	2	1	12	11	
February	1	8	1	1	7	—	—	—	9	9	
March	2	1	1	3	13	3	2	1	18	8	
April	2	6	—	—	8	1	3	1	13	8	
May	1	5	—	—	11	2	—	—	12	7	
June	10	1	1	1	11	7	2	3	24	12	Total for 1951.
July	6	4	—	—	6	1	1	1	13	6	European 336
August	3	—	—	1	5	—	3	1	11	2	Non-European 127
September	1	1	—	3	3	2	—	2	4	8	
October	—	—	4	1	12	2	3	—	19	3	
November	6	3	8	2	62	8	4	4	80	17	
December	12	4	19	12	90	20	—	—	121	36	
1952—											
January	12	2	4	2	30	5	7	1	53	10	
February	10	4	8	7	23	2	6	—	47	13	
March	7	1	8	10	21	3	5	1	41	15	
April	4	2	2	2	4	4	2	1	12	9	
May	4	4	2	4	2	5	2	—	10	13	
June	1	—	—	—	4	3	—	1	5	4	Total for 1952.
July	—	1	—	4	—	—	—	—	—	5	European 182
August	—	2	1	2	2	—	—	—	3	4	Non-European 88
September	—	1	1	—	1	—	—	—	2	1	
October	—	1	—	—	2	—	—	—	2	1	
November	3	3	1		1	2	1	1	6	6	
December	1	5	—	1	—	—	—	1	1	7	

TABLE II (5) (*b*).—ACUTE POLIOMYELITIS: NUMBER OF CASES NOTIFIED AND THEIR DISTRIBUTION SINCE 1934.

Period.	CAPE.		NATAL.		TRANSVAAL.		ORANGE FREE STATE.		UNION.
Year Ending.	European.	Non-European.	European.	Non-European.	European.	Non-European.	European.	Non-European.	Total.
30/6/1934	13	16	—	—	15	3	15	5	67
30/6/1935	23	22	2	—	9	4	1	—	61
30/6/1936	7	9	1	2	2	5	—	—	26
30/6/1937	19	10	4	3	29	2	5	10	82
30/6/1938	4	2	—	—	4	5	1	2	18
30/6/1939	9	16	4	1	—	1	2	1	34
30/6/1940	11	20	4	3	19	2	2	1	62
30/6/1941	16	14	6	1	39	12	4	—	92
30/6/1942	16	6	10	1	14	4	—	—	51
30/6/1943	10	3	12	—	9	1	—	1	36
30/6/1944	6	6	5	6	41	10	—	1	75
30/6/1945	183	211	126	168	420	122	79	71	1,380
30/6/1946	40	43	8	30	66	20	—	10	217
30/6/1947	11	20	6	13	16	10	—	3	79
30/6/1948	79	70	144	162	1,058	375	99	86	2,073
30/6/1949	38	50	47	74	183	87	36	35	550
30/6/1950	23	14	16	9	70	20	3	6	161
30/6/1951	34	46	12	13	74	19	10	7	215
Six months to—									
31/12/1951	28	12	31	19	178	33	11	8	320
31/12/1952	42	26	27	32	90	24	23	6	270

TABLE II (5) (*c*).—ACUTE POLIOMYELITIS: NOTIFICATIONS AND DEATHS.
REPORTED DURING THE YEAR ENDED 31ST DECEMBER, 1952.

Maand.	CAPE PROVINCE.				NATAL.				TRANSVAAL.				ORANGE FREE STATE.				UNION.			
	European.	Native.	Asiatic.	Coloured.	European.	Native.	Asiatic.	Coloured.	European.	Native.	Asiatic.	Coloured.	European.	Native.	Asiatic.	Coloured.	European.	Native.	Asiatic.	Coloured.
CASES.																				
1952—																				
January	12	2	—	—	4	2	—	—	30	4	—	1	7	1	—	—	53	9	—	1
February	10	3	—	1	8	7	—	—	23	2	—	—	6	—	—	—	47	12	—	1
March	7	1	—	—	8	6	2	2	21	3	—	—	5	1	—	—	41	11	2	2
April	4	2	—	—	2	2	—	—	4	3	—	1	2	1	—	—	12	8	—	1
May	4	—	—	4	2	4	—	—	2	5	—	—	2	—	—	—	10	9	—	4
June	1	—	—	—	—	—	—	—	4	3	—	—	—	1	—	—	5	4	—	—
July	—	—	—	1	—	4	—	—	—	—	—	—	—	—	—	—	—	4	—	1
August	—	2	—	—	1	2	—	—	2	—	—	—	—	—	—	—	3	4	—	—
September	—	—	—	1	1	—	—	—	1	—	—	—	—	—	—	—	2	—	—	1
October	—	1	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	1	—	—
November	3	1	—	2	1	—	—	—	1	2	—	—	1	1	—	—	6	4	—	2
December	1	2	—	5	—	1	—	—	—	—	—	—	—	1	—	—	1	4	—	3
TOTAL	42	14	—	12	27	28	2	2	90	22	—	2	23	6	—	—	182	70	2	16
DEATHS.																				
1952—																				
January	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
February	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
March	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
April	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
May	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
June	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
July	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
August	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
September	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
October	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
November	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—
December	—	—	—	1	—	—	—	—	—	3	—	—	—	—	—	—	—	3	—	1
TOTAL	2	1	—	2	—	—	—	—	—	3	—	—	—	1	—	—	2	5	—	2

Table II (5) (*d*).—Acute Poliomyelitis: Distribution of Cases and Deaths—By Race and Age. Reported during the Year ended 31st December, 1952.

Province.	Cases.							Deaths.						
	Age.					Total Cases.	Incidence Rate per 100,000 of Population.	Age.					Total Deaths.	Death Rate per 100,000 of Population
	Under 1 Year.	1–4.	5–9.	10–19.	20—*.			Under 1 Year.	1–4.	5–9.	10–19.	20—*.		
European.														
Cape Province	4	13	10	10	5	42	4·43	—	—	—	—	2	2	0·21
Natal	2	5	7	5	8	27	9·61	—	—	—	—	—	—	—
Transvaal	3	30	29	15	13	90	7·30	—	—	—	—	—	—	—
Orange Free State	2	11	6	2	2	23	9·87	—	—	—	—	—	—	—
Union	11	59	52	32	28	182	6·75	—	—	—	—	2	2	0·07
Native.														
Cape Province	5	5	2	2	—	14	0·56	1	—	—	—	—	1	0·04
Natal	6	12	4	5	1	28	1·53	—	—	—	—	—	—	—
Transvaal	2	7	5	2	6	22	0·62	—	—	2	—	1	3	0·08
Orange Free State	—	3	1	2	—	6	0·75	—	—	—	1	—	1	0·12
Union	13	27	12	11	7	70	0·80	1	—	2	1	1	5	0·06
Asiatic.														
Cape Province	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Natal	—	1	1	—	—	2	0·65	—	—	—	—	—	—	—
Transvaal	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Orange Free State	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Union	—	1	1	—	—	2	0·53	—	—	—	—	—	—	—
Coloured.														
Cape Province	2	7	2	1	—	12	1·19	—	—	2	—	—	2	0·20
Natal	—	1	—	1	—	2	6·06	—	—	—	—	—	—	—
Transvaal	—	2	—	—	—	2	2·53	—	—	—	—	—	—	—
Orange Free State	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Union	2	10	2	2	—	16	1·40	—	—	2	—	—	2	0·18
Total (All Races).														
Cape Province	11	25	14	13	5	68	1·51	1	—	2	—	2	5	0·11
Natal	8	19	12	11	9	59	2·41	—	—	—	—	—	—	—
Transvaal	5	39	34	17	19	114	2·32	—	—	2	—	1	3	0·06
Orange Free State	2	14	7	4	2	29	2·76	—	—	—	1	—	1	0·10
Union	26	97	67	45	35	270	2·10	1	—	4	1	3	9	0·07

* Includes cases where age is not specified.

TABLE II (5) (*e*).—ACUTE POLIOMYELITIS: DISTRIBUTION OF CASES AND DEATHS BY RACE AND AREA. REPORTED DURING THE YEAR ENDED 31ST DECEMBER, 1952.

Province.	Cases.				Deaths.			
	Urban.	Rural.	Total	Incidence Rate per 100,000 of Population.	Urban.	Rural.	Total.	Death Rate per 100,000 of Population.
EUROPEAN.								
Cape Province	28	14	42	4·43	1	1	2	0·21
Natal	23	4	27	9·61	—	—	—	—
Transvaal	73	17	90	7·30	—	—	—	—
Orange Free State	7	16	23	9·87	—	—	—	—
UNION	131	51	182	6·75	1	1	2	0·07
NATIVE.								
Cape Province	8	6	14	0·56	1	—	1	0·04
Natal	8	20	28	1·53	—	—	—	—
Transvaal	13	9	22	0·62	3	—	3	0·08
Orange Free State	1	5	6	0·75	—	1	1	0·12
UNION	30	40	70	0·80	4	1	5	0·06
ASIATIC.								
Cape Province	—	—	—	—	—	—	—	—
Natal	2	—	2	0·65	—	—	—	—
Transvaal	—	—	—	—	—	—	—	—
Orange Free State	—	—	—	—	—	—	—	—
UNION	2	—	2	0·53	—	—	—	—
COLOURED.								
Cape Province	8	4	12	1·19	2	—	2	0·20
Natal	1	1	2	6·60	—	—	—	—
Transvaal	2	—	2	2·53	—	—	—	—
Orange Free State	—	—	—	—	—	—	—	—
UNION	11	5	16	1·40	2	—	2	0·18
TOTAL (ALL RACES).								
Cape Province	44	24	68	1·51	4	1	5	0·11
Natal	34	25	59	2·41	—	—	—	—
Transvaal	88	26	114	2·32	3	—	3	0·06
Orange Free State	8	21	29	2·76	—	1	1	0·10
UNION	174	96	270	2·09	7	2	9	0·01

TABLE II (6) (*a*).

Rabies (Human Contacts).	1/7/49 to 30/6/50.		1/7/50 to 30/6/51.		1/7/51 to 31/12/51.		1/1/52 to 31/12/52.	
	European.	Non-European.	European.	Non-European.	European.	Non-European.	European.	Non-European.
Transvaal—								
Wolmaransstad	1	—	—	1	5	—	2	1
Johannesburg	2	—	—	—	—	—	—	—
Pretoria	2	—	2	—	—	—	—	—
Pietersburg	1	—	1	1	—	—	—	—
Brits	1	—	—	—	—	—	—	—
Volksrust	4	8	—	—	—	—	—	—
Middelburg	1	—	—	—	—	—	—	—
Ventersdorp	1	—	—	—	—	—	—	—
Lichtenburg	1	—	—	—	—	—	—	—
Zoutpansberg	—	—	11	7	—	10	—	6
Christiana	—	—	2	1	—	—	—	—
Vereeniging	—	—	1	—	—	—	—	—
Louis Trichardt	—	—	1	—	2	—	5	3
Potgietersrust	—	—	2	—	—	2	4	2
Delareyville	—	—	2	2	—	1	4	4
Tzaneen	—	—	1	—	—	—	1	3
Letaba	—	—	—	1	2	5	—	—
Amersfoort	—	—	1	—	—	—	—	—
Maraisburg	—	—	—	—	—	2	—	—
Leeudoornstad	—	—	—	—	—	—	1	—
Klerksdorp	—	—	—	—	—	—	2	2
Messina	—	—	—	—	—	—	1	1
Heidelberg	—	—	—	—	—	—	1	1
Orange Free State—								
Reitz	1	32	—	—	—	—	—	—
Lindley	1	—	—	—	—	—	1	1
Brandfort	2	1	—	—	—	—	—	—
Ventersburg	2	—	—	—	—	—	—	—
Petrusburg	2	—	—	—	—	—	—	—
Bethlehem	1	—	—	—	—	—	—	—
Heilbron	2	2	1	—	—	—	—	—
Hoopstad	5	3	—	—	—	1	—	—
Kroonstad	1	5	—	—	—	—	—	—
Marquard	3	—	—	—	—	—	—	—
Lindley	1	—	—	—	—	—	1	1
Bloemfontein	1	—	1	1	—	22	—	—
Bothaville	1	—	—	—	—	—	—	—
Senekal	1	—	—	—	—	1	—	—
Boshof	2	—	1	1	—	—	—	—
Koppies	—	—	2	1	—	—	1	—
Odendaalsrus	—	—	2	—	—	—	—	—
Winburg	—	—	2	—	—	—	—	—
Bethulie	—	—	—	—	—	2	—	—
Jacobsdal	—	—	—	—	1	—	2	—
Philippolis	—	—	—	—	—	—	2	—
Edenburg	—	—	—	—	—	—	—	2
Cape Province—								
Middelburg	2	—	—	—	—	1	—	1
Williston	1	—	—	—	—	—	1	—
De Aar	—	1	—	—	—	—	—	—
Mafeking	—	—	3	3	—	—	—	—
Graaff-Reinet	—	—	3	2	—	—	—	—
Upington	—	—	—	—	—	1	—	—
Steynsburg	—	—	—	—	—	1	—	—
Prieska	—	—	—	—	—	—	1	—
Vryburg	1	2	3	1	—	—	5	—
Natal—								
Nqutu	—	1	—	—	—	—	—	—

TABLE II (6) (*a*) (*continued*).

Known Number of Cases of Rabies from 1/6/49 to 31/12/52 (Humans).	Animals responsible for Transmission.	
9	Domestic cat	2
	Dog	2
	Meercat	2
	Wildcat	2
	Donkey	1

TABLE II (7).—THE PROVINCIAL INCIDENCE OF SMALLPOX CASES DURING THE YEARS UNDER REVIEW IS INDICATED IN THE FOLLOWING TABLE.

Province.	1945–46.	1946–47.	1947–48.	1948–49.	1949–50.	July, 1950–December, 1951.	1952.
Cape	482	353	183	62	120	648	2
Natal	412	284	8	34	107	44	—
Transvaal	333	283	68	859	1,390	699	74
Orange Free State	44	58	12	12	18	43	4
	1,271	978	271	967	1,635	1,434	80

TABLE II (8).—DEATHS FROM TUBERCULOSIS (ALL FORMS) BY RACE, SEX AND AGE.

Age Group in Years.	1945.			1946.			1947.			1948.			1949.			1950.			1951.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
EUROPEAN.																					
0– 4.....	31	21	52	41	43	84	40	32	72	29	45	74	34	34	68	28	23	51	33	24	57
5–14	11	13	24	15	18	33	2	9	11	18	12	30	13	9	22	9	9	18	5	9	14
15–24.....	31	48	79	35	50	85	45	54	99	34	52	86	28	47	75	27	51	78	12	31	43
25–34.....	50	78	128	54	62	116	69	60	129	54	61	115	55	56	111	39	48	87	38	47	85
35–44.....	80	42	122	71	49	120	81	50	131	87	49	136	56	42	98	73	29	102	64	24	88
45–54.....	102	34	136	107	21	128	98	25	123	75	25	100	84	20	104	77	25	102	60	26	86
55–64.....	97	19	116	89	22	111	98	22	120	110	19	129	89	16	105	82	22	104	78	23	101
65+.....	83	18	101	74	22	96	74	14	88	81	21	102	77	24	101	79	18	97	69	23	92
TOTAL.....	485	273	758	486	287	773	507	266	773	488	284	772	436	248	684	414	225	639	359	207	566
ASIATICS.																					
0– 4.....	16	28	44	19	21	40	27	20	47	20	25	45	30	31	61	22	26	48	23	23	46
5–14.....	16	25	41	18	25	43	12	15	27	11	23	34	15	21	36	15	13	28	10	15	25
15–24.....	88	73	161	72	71	143	66	70	136	74	69	143	72	54	126	36	49	85	36	60	96
25–34.....	65	58	123	68	41	109	40	56	96	42	52	94	44	44	88	43	37	80	31	33	64
35–44.....	37	27	64	36	18	54	32	38	70	32	26	58	34	20	54	34	20	54	20	19	39
45–54.....	26	6	32	24	14	38	22	13	35	18	12	30	29	11	40	15	18	33	10	17	27
55–64.....	21	7	28	26	4	30	14	3	17	11	4	15	15	5	20	16	8	24	15	6	21
65+.....	10	1	11	11	5	16	11	1	12	12	4	16	15	1	16	8	3	11	9	2	11
TOTAL.....	279	225	504	274	199	473	224	216	440	220	215	435	254	187	441	189	174	363	154	175	329
COLOUREDS.																					
0– 4.....	347	362	709	348	322	670	397	345	742	446	418	864	507	476	983	429	419	848	474	445	919
5–14.....	177	237	414	197	181	378	138	195	333	174	256	430	162	219	381	159	218	377	144	187	331
15–24.....	381	512	893	364	536	900	369	605	974	368	582	950	401	602	1,003	319	575	894	312	474	786
25–34.....	346	413	759	385	402	787	411	430	841	359	405	764	346	369	715	360	412	772	340	339	679
35–44.....	348	233	581	326	240	566	346	273	619	372	204	576	360	218	578	283	196	479	321	162	483
45–54.....	259	128	387	265	125	390	279	116	395	252	127	379	262	132	394	235	141	376	253	106	359
55–64.....	165	68	233	220	98	318	175	78	253	170	81	251	167	72	239	152	66	218	170	55	225
65+.....	115	48	163	110	45	155	128	62	190	128	89	217	140	68	208	123	45	168	117	50	167
TOTAL.....	2,138	2,001	4,139	2,215	1,949	4,164	2,243	2,104	4,347	2,269	2,162	4,431	2,345	2,156	4,501	2,060	2,072	4,132	2,131	1,818	3,949

TABLE II (9).—TYPHOID OR ENTERIC FEVER: DISTRIBUTION OF CASES AND DEATHS (RACE AND AREA).
REPORTED DURING THE PERIOD 1ST JULY, 1947 TO 30TH JUNE, 1948.

Province.	Cases.				Deaths.			
	Urban.	Rural.	Total.	Annual Incidence Rate per 100,000 of Population.	Urban.	Rural.	Total.	Death Rate per 100,000 of Population.
EUROPEANS.								
Cape (including Transkei)	96	34	130	14·54	7	1	8	0·89
Natal	31	18	49	19·60	2	1	3	1·20
Transvaal	217	38	255	22·89	11	1	12	1·08
Orange Free State	27	34	61	28·91	—	—	—	—
TOTAL	371	124	495	20·05	20	3	23	0·93
NATIVE.								
Cape (including Transkei)	95	244	339	14·20	14	3	17	0·71
Natal	122	372	494	28·37	27	21	48	2·76
Transvaal	273	196	469	14·48	63	8	71	2·19
Orange Free State	73	74	147	21·00	6	1	7	1·00
TOTAL	563	886	1,449	17·96	110	33	143	1·77
ASIATIC.								
Cape (including Transkei)	2	—	2	12·50	—	—	—	—
Natal	69	55	124	49·01	8	—	8	3·16
Transvaal	5	4	9	21·95	—	—	—	—
Orange Free State	—	—	—	—	—	—	—	—
TOTAL	76	59	135	43·55	8	—	8	2·58
COLOURED.								
Cape (including Transkei)	111	105	216	24·66	7	9	16	1·83
Natal	18	7	25	92·59	1	2	3	11·11
Transvaal	13	1	14	21·54	—	—	—	—
Orange Free State	—	—	—	—	—	—	—	—
TOTAL	142	113	255	25·97	8	11	19	1·93
TOTAL (ALL RACES).								
Cape (including Transkei)	304	383	687	16·46	28	13	41	0·98
Natal	240	452	692	30·47	38	24	62	2·73
Transvaal	508	239	747	16·73	74	9	83	1·86
Orange Free State	100	108	208	22·49	6	1	7	0·76
TOTAL	1,152	1,182	2,334	19·73	146	47	193	1·63

TABLE II (9) (*continued*).—TYPHOID OR ENTERIC FEVER: DISTRIBUTION OF CASES AND DEATHS (RACE AND AREA REPORTED DURING THE PERIOD 1ST JULY, 1948 TO 30TH JUNE, 1949.

Province.	Cases.				Deaths.			
	Urban.	Rural.	Total.	Annual Incidence Rate per 100,000 of Population.	Urban.	Rural.	Total.	Death Rate per 100,000 of Population.
EUROPEANS.								
Cape (including Transkei)	68	26	94	10·33	3	1	4	0·44
Natal	54	15	69	26·64	3	2	5	1·93
Transvaal	280	70	350	30·43	14	1	15	1·30
Orange Free State	27	10	37	17·05	—	—	—	—
TOTAL	429	121	550	21·69	20	4	24	0·95
NATIVE.								
Cape (including Transkei)	161	175	336	13·91	18	6	24	0·99
Natal	174	333	507	28·81	28	24	52	2·98
Transvaal	471	370	841	25·42	77	36	113	3·41
Orange Free State	127	76	203	28·08	5	4	9	1·24
TOTAL	933	954	1,887	22·99	128	70	198	2·41
ASIATIC.								
Cape (including Transkei)	2	1	3	18·75	—	—	—	—
Natal	58	44	102	38·35	3	1	4	1·50
Transvaal	13	3	16	36·36	—	—	—	—
Orange Free State	—	—	—	—	—	—	—	—
TOTAL	73	48	121	37·12	3	1	4	1·23
COLOURED.								
Cape (including Transkei)	96	77	173	19·09	14	10	24	2·65
Natal	19	6	25	89·29	1	—	1	3·57
Transvaal	24	2	26	38·24	6	2	8	11·76
Orange Free State	—	—	—	—	—	—	—	—
TOTAL	139	85	224	22·05	21	12	33	3·25
TOTAL (ALL RACES).								
Cape (including Transkei)	327	279	606	14·27	35	17	52	1·22
Natal	305	398	703	30·39	35	27	62	2·68
Transvaal	788	445	1,233	26·97	97	39	136	2·98
Orange Free State	154	86	240	25·16	5	4	9	0·94
TOTAL	1,574	1,208	2,782	23·20	172	87	259	2·14

TABLE II (9) (*continued*).—TYPHOID OR ENTERIC FEVER: DISTRIBUTION OF CASES AND DEATHS (RACE AND AREA). REPORTED DURING THE PERIOD 1ST JULT, 1949 TO 30TH JUNE, 1950.

Province.	Cases.				Deaths.			
	Urban.	Rural.	Total.	Annual Incidence Rate per 100,000 of Population.	Urban.	Rural.	Total	Death Rate per 100,000 of Population.
EUROPEAN.								
Cape (including Transkei)	88	54	142	15·38	1	1	2	0·22
Natal	42	11	53	19·81	1	1	2	0·75
Transvaal	198	63	261	22·18	6	2	8	0·68
Orange Free State	37	15	52	23·42	1	—	1	0·45
TOTAL	365	143	508	19·62	9	4	13	0·50
NATIVE.								
Cape (including Transkei)	297	629	926	37·46	59	6	65	2·66
Natal	199	382	581	32·68	39	38	77	4·33
Transvaal	601	390	991	29·33	38	25	63	1·86
Orange Free State	208	146	354	47·45	3	10	13	1·74
TOTAL	1,305	1,547	2,852	34·17	139	79	218	2·61
ASIATIC.								
Cape (including Transkei)	—	4	4	23·53	—	—	—	—
Natal	118	92	210	75·63	6	3	9	3·23
Transvaal	14	5	19	41·30	1	—	1	2·17
Orange Free State	—	—	—	—	—	—	—	—
TOTAL	132	101	233	68·13	7	3	10	2·92
COLOURED.								
Cape (including Transkei)	92	83	175	18·70	10	2	12	1·28
Natal	5	5	10	34·48	—	—	—	—
Transvaal	14	7	21	29·58	—	—	—	—
Orange Free State	9	2	11	78·57	1	—	1	7·14
TOTAL	120	97	217	20·67	11	2	13	1·24
TOTAL (ALL RACES).								
Cape (including Transkei)	477	770	1,247	28·86	70	9	79	1·83
Natal	364	490	854	36·29	46	42	88	3·74
Transvaal	827	465	1,292	27·64	45	27	72	1·54
Orange Free State	254	163	417	42·46	5	10	15	1·53
TOTAL	1,922	1,888	3,810	30·90	166	88	254	2·06

TABLE II (9) (*continued*).—TYPHOID OR ENTERIC FEVER: DISTRIBUTION OF CASES AND DEATHS (RACE AND AREA). REPORTED DURING THE PERIOD 1ST JULY, 1950 TO 31ST DECEMBER, 1951.

Province.	Cases.				Deaths.			
	Urban.	Rural.	Total.	Annual Incidence Rate per 100,000 of Population.	Urban.	Rural.	Total	Death Rate per 100,000 of Population.
EUROPEAN.								
Cape (including Transkei)	94	57	151	10·73	3	—	3	0·21
Natal	50	31	81	19·63	1	1	2	0·49
Transvaal	221	55	276	15·19	—	1	1	0·05
Orange Free State	41	28	69	20·09	—	1	1	0·29
TOTAL	406	171	577	14·50	4	3	7	0·17
NATIVE.								
Cape (including Transkei)	120	559	679	18·18	22	20	42	1·13
Natal	284	858	1,142	42·09	67	86	153	5·64
Transvaal	1,247	344	1,591	30·38	84	18	102	1·95
Orange Free State	89	268	357	30·47	8	13	21	1·79
TOTAL	1,740	2,029	3,769	29·31	181	137	318	2·47
ASIATIC.								
Cape (including Transkei)	2	1	3	11·11	—	—	—	—
Natal	78	179	257	53·53	9	7	16	3·45
Transvaal	26	2	28	38·09	—	—	—	—
Orange Free State	—	—	—	—	—	—	—	—
TOTAL	106	182	288	52·17	9	7	16	2·90
COLOURED.								
Cape (including Transkei)	126	167	293	19·81	17	8	25	1·69
Natal	7	23	30	62·50	1	3	4	8·33
Transvaal	36	1	37	32·45	1	—	1	0·88
Orange Free State	4	—	4	17·78	1	—	1	4·44
TOTAL	173	191	364	21·88	20	11	31	1·87
TOTAL (ALL RACES).								
Cape (including Transkei)	342	784	1,126	16·94	42	28	70	1·05
Natal	419	1,091	1,510	41·65	78	97	175	4·81
Transvaal	1,530	402	1,932	26·68	85	19	104	1·43
Orange Free State	134	296	430	27·97	9	14	23	1·49
TOTAL	2,425	2,573	4,998	—	214	158	372	1·95

TABLE II (9) (*continued*).—TYPHOID OR ENTERIC FEVER: DISTRIBUTION OF CASES AND DEATHS (RACE AND AREA). REPORTED DURING THE YEAR ENDED 31ST DECEMBER, 1952.

Province.	Cases.				Deaths.			
	Urban.	Rural.	Total.	Incidence Rate per 100,000 of Population.	Urban.	Rural.	Total	Death Rate per 100,000 of Population.
EUROPEAN.								
Cape	72	55	127	13·40	1	—	1	0·11
Natal	42	12	54	19·22	—	—	—	—
Transvaal	136	71	207	16·79	6	—	6	0·49
Orange Free State	24	23	47	20·17	—	1	1	0·43
TOTAL	274	161	435	16·14	7	1	8	0·30
NATIVE.								
Cape	91	412	503	19·98	11	9	20	0·80
Natal	192	769	961	52·66	23	41	64	3·51
Transvaal	609	696	1,305	36·71	49	33	82	2·31
Orange Free State	104	179	283	35·29	3	3	6	0·75
TOTAL	996	2,056	3,052	35·08	86	86	172	1·98
ASIATIC.								
Cape	—	—	—	—	—	—	—	—
Natal	58	76	134	43·37	3	1	4	1·30
Transvaal	4	1	5	9·80	—	—	—	—
Orange Free State	—	—	—	—	—	—	—	—
TOTAL	62	77	139	36·78	3	1	4	1·06
COLOURED.								
Cape	85	106	191	18·87	2	4	6	0·59
Natal	5	3	8	24·24	—	1	1	3·03
Transvaal	25	5	30	37·97	4	—	4	5·06
Orange Free State	—	—	—	—	—	—	—	—
TOTAL	115	114	229	20·11	6	5	11	0·97
TOTAL (ALL RACES).								
Cape	248	573	821	18·26	14	13	27	0·60
Natal	297	860	1,157	47·26	26	43	69	2·82
Transvaal	774	773	1,547	31·46	59	33	92	1·87
Orange Free State	128	202	330	31·43	3	4	7	0·67
TOTAL	1,447	2,408	3,855	29·86	102	93	195	1·51

TABLE II (10) (*a*).—TYPHUS: MONTHLY INCIDENCE ACCORDING TO PROVINCES.

	CAPE.		NATAL.		TRANSVAAL.		FREE STATE.		UNION.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1946—										
July	44	—	25	1	4	1	7	—	80	2
August	53	—	21	1	1	—	—	1	75	2
September	80	1	41	4	18	—	—	—	139	5
October	34	1	22	3	3	—	—	—	59	4
November	42	—	8	1	1	—	—	—	51	1
December	20	3	10	—	—	—	1	—	31	3
1947—										
January	27	1	6	1	—	—	2	—	35	2
February	35	3	5	—	1	—	—	—	41	3
March	22	2	2	—	1	—	—	—	25	2
April	21	1	5	—	1	—	5	—	32	1
May	17	2	11	2	—	—	—	—	28	4
June	45	3	8	—	—	—	—	—	53	3
July	66	6	2	—	—	—	2	—	70	6
August	79	5	8	—	1	—	—	—	88	5
September	96	4	3	—	18	—	—	—	117	4
October	145	2	10	—	2	—	3	—	160	2
November	58	4	10	—	6	2	1	—	75	6
December	46	4	7	—	—	—	2	—	55	4
1948—										
January	49	3	3	—	1	—	2	—	55	3
February	19	3	7	—	—	—	1	—	27	3
March	35	8	5	—	1	—	1	—	42	8
April	31	2	6	2	2	—	—	—	39	4
May	13	1	6	2	4	—	1	—	24	3
June	45	1	7	—	18	—	—	—	70	1
July	10	—	1	—	8	—	—	—	19	—
August	20	—	8	—	3	—	2	—	33	—
September	27	—	4	—	—	—	2	—	33	—
October	20	4	3	1	1	—	—	—	24	5
November	15	1	—	2	2	—	—	—	17	3
December	8	1	10	—	2	—	—	—	20	1
1949—										
January	14	—	7	—	—	—	—	—	21	—
February	8	—	1	—	2	—	—	—	11	—
March	7	—	3	—	—	—	2	—	12	
April	7	1	14	2	—	—	—	—	21	3
May	6	1	12	1	3	—	—	—	21	2
June	16	1	4	—	7	—	—	—	27	1
July	15	—	7	—	1	—	1	—	24	—
August	8	—	6	—	—	—	2	1	16	1
September	9	—	5	—	—	—	12	1	26	1
October	19	1	20	—	—	—	2	—	41	1
November	26	—	1	—	2	1	—	—	29	1
December	13	1	4	—	—	—	1	—	18	1
1950—										
January	4	—	4	1	1	—	5	—	14	1
February	3	2	4	—	—	—	1	—	8	2
March	4	—	3	—	4	—	—	—	11	—
April	5	—	1	—	1	—	—	—	7	—
May	5	—	2	—	1	—	4	—	12	—
June	9	—	3	—	1	—	3	—	16	—
July	4	—	—	—	1	—	—	—	5	—
August	7	—	4	—	—	—	4	1	15	1
September	17	—	1	—	—	—	—	—	18	—
October	2	—	—	—	1	—	2	—	5	—
November	16	—	—	—	6	—	—	—	22	—
December	6	—	—	—	19	1	1	—	26	1
1951—										
January	9	—	—	—	1	—	1	—	11	—
February	4	1	—	—	1	—	—	—	5	1
March	8	—	—	—	—	—	—	—	8	—
April	6	1	—	—	3	—	—	—	9	1
May	7	2	1	—	1	—	—	—	9	2
June	5	—	1	—	1	—	—	—	7	—
July	7	—	—	—	4	—	—	—	11	—
August	9	—	—	—	—	—	—	—	9	—
September	15	5	—	—	1	—	—	—	16	5
October	3	—	—	—	—	—	—	—	3	—
November	8	1	1	—	—	—	1	—	10	1
December	5	—	2	—	—	—	—	—	7	—
1952—										
January	1	—	—	—	2	—	—	—	3	—
February	4	1	—	—	—	—	—	—	4	1
March	5	1	2	—	1	—	—	—	8	1
April	10	—	—	—	—	—	—	—	10	—
May	7	—	1	—	—	—	—	—	8	—
June	7	1	—	—	—	—	—	—	7	1
July	20	2	—	—	6	—	—	—	26	2
August	7	3	—	—	—	—	—	—	7	3
September	4	—	—	—	1	—	—	—	5	—
October	—	—	—	—	—	—	—	—	—	—
November	2	—	—	—	1	—	—	—	3	—
December	8	—	4	—	2	—	3	—	17	—

TABLE II (10) (*b*).—NUMBER OF CASES OF TYPHUS IN THE UNION FROM 1933 TO 1952.

Period year ending 30th June.	Cape.	Natal.	Transvaal.	Orange Free State.	Union.	
					Cases.	Deaths.
1933	1,649	208	25	243	2,125	302
1934	1,905	207	208	3,636	5,956	662
1935	2,898	224	429	3,275	6,826	998
1936	835	33	457	280	1,605	284
1937	694	89	46	178	1,007	168
1938	822	19	53	88	982	168
1939	1,067	81	93	32	1,273	424
1940	635	84	60	62	841	146
1941	616	9	44	45	714	176
1942	1,472	38	16	20	1,546	359
1943	2,687	66	145	21	2,919	521
1944	5,247	85	254	37	5,623	2,600
1945	2,473	180	190	66	2,909	566
1946	559	155	78	18	810	40
1947	440	164	12	10	626	32
1948	682	74	53	13	822	49
1949	158	67	26	8	259	15
1950	81	22	35	20	158	5
July, 1950 to 31 December, 1951	138	10	39	9	196	12
1st January, 1952 to 31st December, 1952	75	7	13	3	98	8

TABLE II (10) (*c*).—TYHPUS: YEARLY INCIDENCE.

Year ended 30th June.	Province.	Cases.	Per Cent.	Deaths.	Case Death Rate per Cent.
1947	Cape	440	70·29	17	4
	Natal	164	26·20	11	7
	Transvaal	12	1·91	3	25
	Orange Free State	10	1·60	1	10
	TOTALS	626	100·00	32	5
1948	Cape	682	82·97	43	6·30
	Natal	74	9·00	4	5·40
	Transvaal	53	6·45	2	3·77
	Orange Free State	13	1·58	—	—
	TOTALS	822	100·00	49	5·96
1949	Cape	158	61·00	9	5·69
	Natal	67	25·87	6	8·96
	Transvaal	28	10·81	—	—
	Orange Free State	6	2·32	—	—
	TOTALS	259	100·00	15	5·98
1950	Cape	119	53·4	4	3·36
	Natal	60	27·1	1	1·66
	Transvaal	11	5·0	1	9·09
	Orange Free State	31	14·5	2	6·45
	UNION	221	100·00	8	3·57
Period 1/7/50 to 31/12/51	Cape	138	70·41	10	7·3
	Natal	10	5·10	—	—
	Transvaal	39	19·90	1	2·5
	Orange Free State	9	4·59	1	11·1
	UNION	196	100·00	12	6·2
1/1/52 to 31/12/52	Cape	75	76·53	8	10·67
	Natal	7	7·14	—	—
	Transvaal	13	13·27	—	—
	Orange Free State	3	3·06	—	—
	UNION	98	100·00	8	8·16

TABLE III (1).—PORTS OF THE UNION: HEALTH MEASURES.

Item.	Cape Town.	Durban.	Port Elizabeth.	East London.	Total.
1947–48.					
Vessels dealt with	1,492	1,505	835	647	4,479
Cases communicable disease	406	652	9	1	1,068
Vessels disinfected—					
Consignments	86	18	1	3	108
Second-hand clothing, etc	138	115	1	202	456
Deratization fumigation: International Sanitary Convention	81	109	—	1	191
Number of exemption certificates issued—I.S.C	8	73	—	6	87
Rodents destroyed on vessels and in Dock Areas	2,790	8,151	400	2,654	13,995
1948–49.					
Vessels dealt with	1,691	1,817	858	703	5,069
Cases communicable disease	319	659	15	—	993
Vessels disinfected—					
Consignments	163	41	9	69	282
Second-hand clothing, etc	180	136	—	71	387
Deratization fumigation: International Sanitary Convention	100	116	—	—	216
Number of exemption certificates issued—I.S.C	19	106	—	—	125
Rodents destroyed on vessels and in Dock Areas	2,889	7,980	613	3,631	15,113
1949–50.					
Vessels dealth with	1,723	1,690	888	647	4,948
Cases communicable disease	188	302	10	11	511
Vessels disinfected—					
Consignments	135	237	—	—	372
Second-hand clothing, etc	74	59	—	11	144
Deratization fumigation: International Sanitary Convention	99	91	—	38	228
Number of exemption certificates issued—I.S.C	31	113	—	—	144
Rodents destroyed on vessels and in Dock Areas	3,047	6,717	536	2,121	12,421
1950–51.					
Vessels dealt with	1,874	1,591	894	691	5,050
Cases communicable disease	352	147	12	3	514
Vessels disinfected—					
Consignments	125	118	7	3	253
Second-hand clothing, etc	210	262	—	—	472
Deratization fumigation: International Sanitary Convention	97	103	—	—	200
Number of exemption certificates issued—I.S.C	28	103	—	—	131
Rodents destroyed on vessels and in Dock Areas	2,978	4,839	512	855	9,184
1*st June to* 31*st December*, 1951.					
Vessels dealt with	876	767	432	349	2,424
Cases communicable disease	89	120	7	3	219
Vessels disinfected—					
Consignments	134	16	6	3	159
Second-hand clothing, etc	178	18	—	—	196
Deratization fumigation: International Sanitary Convention	89	67	—	—	156
Number of exemption certificates issued: I.S.C	19	—	—	—	19
Rodents destroyed on vessels and in Dock Areas	1,551	3,243	285	421	5,500
1952.					
Vessels dealth with	1,459	1,381	915	806	4,561
Cases communicable disease	221	331	4	46	602
Vessels disinfected—					
Consignments	138	103	3	1	245
Second-hand clothing, etc	161	11	3	74	249
Deratization fumigation: International Sanitary Convention	85	124	—	—	209
Number of exemption certificates issued: I.S.C	29	119	—	—	148
Rodents destroyed on vessels and in Dock Areas	3,050	5,675	653	1,235	10,613

TABEL III (2).—MONTHLY TOTALS OF AIRCRAFT ARRIVING FROM OUTSIDE THE UNION AT THE SANITARY AIRPORTS OF THE UNION BETWEEN 1ST JULY, 1947 AND 31ST DECEMBER, 1952.

Year.	Month.	Palmietfontein.	Rand Air Port.	Vaaldam.	Total.
1947....	July.....	67	30	—	97
	August.....	77	30	—	107
	September....	64	38	—	102
	October.....	78	39	—	117
	November....	95	22	—	117
	December.....	102	23	—	125
	TOTAL FOR SIX MONTHS.....	483	182	—	665
1948....	January.....	108	7	—	115
	February.....	99	11	—	110
	March.....	112	10	—	122
	April.....	107	8	8	123
	May.....	113	7	8	128
	June.....	112	7	9	128
	July.....	122	9	8	139
	August.....	125	3	4	132
	September....	130	3	5	138
	October.....	136	4	9	149
	November....	117	3	12	132
	December.....	126	3	14	143
	TOTAL FOR YEAR.....	1,407	75	77	1,559
1949....	January.....	126	3	14	143
	February.....	119	3	13	135
	March.....	109	3	12	124
	April.....	122	5	13	140
	May.....	125	7	13	145
	June.....	118	7	13	138
	July.....	129	4	14	147
	August.....	127	4	13	144
	September....	109	5	12	126
	October.....	116	3	14	133
	November....	113	6	13	132
	December.....	122	3	14	139
	TOTAL FOR YEAR.....	1,435	53	158	1,646
1950....	January.....	108	2	14	124
	February.....	105	6	8	119
	March.....	119	10	8	137
	April.....	117	10	12	139
	May.....	116	7	14	137
	June.....	121	7	8	136
	July.....	111	5	9	125
	August.....	119	5	9	133
	September....	116	8	9	133
	October.....	124	3	9	136
	November....	143	4	2	149
	December.....	143	6	—	149
	TOTAL FOR YEAR.....	1,442	73	102	1,617

NOTE.—The Flying Boat Service was suspended on 9th November, 1950 and Vaaldam ceased to function.

TABLE III (2) (*continued*).

Year.	Month.	Palmietfontein.	Rand Air Port.	Total.
1951....	January.....	147	1	148
	February.....	128	4	132
	March.....	146	5	151
	April.....	153	4	157
	May.....	155	4	159
	June.....	149	1	150
	July.....	155	6	161
	August.....	169	6	175
	September.....	159	1	160
	October.....	152	6	158
	November.....	156	1	157
	December.....	156	—	156
	TOTAL FOR YEAR	1,825	39	1,864
1952....	January.....	156	3	159
	February.....	158	5	163
	March.....	176	1	177
	April.....	167	2	169
	May.....	148	3	151
	June.....	143	1	144
	July.....	181	4	185
	August.....	185	1	186
	September.....	176	4	180
	October.....	174	3	177
	November.....	167	2	169
	December.....	172	1	173
	TOTAL FOR YEAR	2,003	30	2,033

Monthly	*Average.*	*Daily.*	*Average.*
1947.....	110·825	1947.....	3·603
1948.....	129·083	1948.....	4·216
1949.....	137·166	1949.....	4·509
1950.....	134·750	1950.....	4·430
1951.....	155·333	1951.....	5·107
1952.....	167·750	1952.....	5·569

TABLE III (3).—ANNUAL TOTALS OR AIRCRAFT ARRIVING FROM OUTSIDE THE UNION AT DURBAN AIRPORTS DURING THE YEARS FROM 1ST JULY, 1949 TO 31ST DECEMBER, 1952.

Year.	From Lourenco Marques.	From further North via Lourenco Marques.	Total.
1949–50	158	56	214
1950–51	111	54	165
1951–52	51	24	75

NOTE.—Arrivals of aircraft at Durban from outside the Union commenced in 1949.

TABLE IV (1).—DISTRICT NURSING SERVICE NUMBER OF NURSES, MIDWIVES, NON-EUROPEAN NURSING ASSISTANTS FOR THE PERIOD 1947–52 IN RESPECT OF WHOM SUBSIDIES OR PART-REFUND OF SALARIES ARE PAID, COMPARED WITH THE TOTALS AS AT 31ST DECEMBER, 1935.

Race.	PART-REFUNDS TO LOCAL AUTHORITIES AND CHARITABLE ORGANISATIONS UNDER SECTION 14 (*a*).						
	1935.	1947.	1948.	1949.	1950.	1951.	1952.
European	23	116	123	169	181	211	212
Native	2	69	73	119	142	241	255
Coloured	—	22	22	36	47	61	66
ALL RACES	25	207	218	324	370	513	533

Race.	SUBSIDIES TO PRIVATE NURSES AND MIDWIVES UNDER SECTION 14 (*b*).						
	1935.	1947.	1948.	1949.	1950.	1951.	1952.
European	7	25	19	16	18	9	9
Native	—	—	—	—	—	—	—
Coloured	1	—	—	1	2	1	1
ALL RACES	8	25	19	17	20	10	10

Race.	PART-REFUNDS TO CHARITABLE ORGANISATIONS, BODIES CONTROLLING MISSION HOSPITALS AND STATUTORY NATIVE BODIES IN NATIVE AREAS UNDER SECTION 15 (*a*).						
	1935.	1947.	1948.	1949.	1950.	1951.	1952.
European	—	4	5	12	12	13	16
Native	11	109	102	125	157	189	205
Coloured	—	2	3	5	3	4	4
ALL RACES	11	115	110	142	172	206	225

Race.	SUBSIDIES TO PRIVATE NURSES AND MIDWIFES IN NATIVE AREAS UNDER SECTION 15 (*b*).						
	1935.	1947.	1948.	1949 .	1950.	1951.	1952.
European	—	—	1	—	—	—	—
Native	3	56	43	48	45	32	30
Coloured	—	—	—	—	—	—	—
ALL RACES	3	56	44	48	45	32	30

Race.	PART-REFUNDS TO PROVINCIAL ADMINISTRATION UNDER SECTION 13.						
	1935.	1947.	1948.	1949.	1950.	1951.	1952.
European	—	139	140	147	155	133	92
Native	—	16	} 48	51	52	39	25
Coloured	—	48					
ALL RACES	—	203	188	198	207	172	117

Table IV (2).—Nursing, Maternity and Child Welfare Services.

Summary of Work Done, 1st January 1952 to 31st December, 1952 (Northern Transvaal, 1st July, 1951 to 30th June 1952).

	Deputy Chief Health Officers Regions.					
	Northern Transvaal.	Southern Transvaal.	Natal.	Orange Free State.	Cape.	Cape Eastern.
Centres visited	128	106	128	71	103	55
Maternity hospitals and nursing homes visited	49	56	39	38	33	—
Lectures given	5	3	1	12	—	1
Private midwives inspected (qualified)—						
European	64	97	10	63	(Nurses) 43	24
Non-European	6	5	1			
Unqualified midwives inspected	11	43	—	5	—	27
Subsidised district nurses inspected—						
European	24	60	29	65	113	20
Non-European	44	192	5	—		92
Meetings attended	14	14	3	16	10	6
Persons interviewed in connection with nursing services	5	478	247	283	513	394
Investigations conducted in respect of nursing services	14	16	50	20	81	6

Table V (1).—Pathological Laboratories: Analysis and Examinations

Year ended 30th June, 1948.

Particulars.	Government Laboratories.		S.A. Institute for Medical Research.			East London Hospital Board.
	Cape Town.	Durban.	Johannesburg.	Port Elizabeth.	Bloemfontein.	East London.
Specimens examined for:—						
(*a*) Government Departments—						
Agriculture	—	—	—	—	—	—
Customs and Excise	—	—	—	—	—	—
Defence (and Navy)	851	936	4,438	372	142	2
Education	268	593	—	—	—	—
Finance	—	—	—	—	—	—
Health (including Leper Institutions and Mental Hospitals)	18,888	24,562	117,854	23,748	9,696	14,897
Interior	—	2,768	—	—	—	3
Justice (including Prisons)	504	960	5,224	495	381	2
Mines (including Miners, Phthisis)	—	—	31,816	—	450	—
Native Affairs	—	—	—	—	—	—
Posts and Telegraphs	—	—	—	—	—	—
Public Works	—	5	—	—	—	—
S.A. Railways and Harbours	185	4,485	—	—	—	—
Others	—	—	797	184	103	2
Totals	20,696	34,309	160,129	24,799	10,772	14,906
(*b*) General Hospitals (Provincial)	4,654	25,361	176,151	24,912	8,425	4,174
(*c*) Local Authorities	61,990	12,410	85,474	24,307	3,227	—
(*d*) Medical Practitioners and Members of the Public	19,557	44,463	33,420	3,763	—	—
(*e*) Other Governments and other Administrations	—	4	—	—	—	—
(*f*) Others	—	4,169	33,106	—	—	—
Totals	86,201	86,407	328,151	52,982	11,652	4,174
Manufactures and Issues:—						
Autogenous Vaccines.....c.c.	80	—	882	62	63	—
Bacterial Vaccines.....c.c.	—	—	2,545,051	—	—	—
Tuberculin Dilutions	—	—	14,865	167	—	—
Sera (Various) Bacterial Filtrate.....c.c.	—	—	460,178	—	—	—
Sera (amps)	—	—	129,254	—	—	—
Anti-Rabic Vaccine.....c.c.	31,980	—	—	—	—	—
Chaulmoogra Oil Preparations.....Litres	356	—	—	—	—	—
Calf Lymph (issued).....Tubes	502,079	—	599,839	1,200	8,000	—
Chick Membrane Lymph (on hand)	—	—	—	—	—	—
Other (oral) doses	—	—	—	—	—	—
Milk cultures.....bottles.	—	—	391	—	—	—
Human blood processed—						
Wet bottles prepared for whole blood...bottles.	3,380	—	—	—	—	—
Serum separated from blood.....Litres	293	—	—	—	—	—

TABLE V (1) (*continued*).—PATHOLOGICAL LABORATORIES: ANALYSIS AND EXAMINATIONS.
YEAR ENDED 30TH JUNE, 1949.

Particulars.	GOVERNMENT LABORATORIES.		S.A. INSTITUTE FOR MEDICAL RESEARCH.			EAST LONDON HOSPITAL BOARD.
	Cape Town.	Durban.	Johannesburg.	Port Elizabeth.	Bloemfontein.	East London.
Specimens examined for:—						
(*a*) Government Departments—						
Agriculture	—	—	—	—	—	1
Customs and Excise	—	—	—	—	—	—
Defence (and Navy)	1,261	965	5,092	284	155	—
Education	331	804	—	—	—	—
Finance	—	—	—	—	—	—
Health (including Leper Institutions and Mental Hospitals)	21,625	32,145	140,768	27,530	10,729	35,092
Interior	—	2,722	—	—	—	8
Justice (including Prisons)	608	1,383	5,769	383	1,038	2
Mines (including Miners Phthisis)	—	—	22,642	—	—	—
Native Affairs	—	—	—	—	—	—
Posts and Telegraphs	—	—	—	—	—	—
Public Works	10	—	—	—	—	9
S.A. Railways and Harbours	178	3,206	—	—	—	—
Others	—	—	873	161	171	—
TOTALS	24,013	41,225	175,144	28,358	12,093	35,112
(*b*) General Hospitals (Provincial)	6,418	16,478	217,587	28,485	8,805	8,685
(*c*) Local Authorities	100,844	13,541	93,365	26,013	2,996	3,726
(*d*) Medical Practitioners and Members of the Public	45,521	44,938	30,476	3,856	—	4,467
	—	7	13,700	—	—	7
(*e*) Other Governments and other Administrations	3,120	5,310	30,005	—	—	—
(*f*) Others						
TOTALS	155,903	80,274	385,133	58,354	11,801	16,885
Manufactures and Issues:—						
Autogenous Vaccines.....c.c.	40	—	786	52	56	—
Bacterial Vaccines.....c.c.	—	—	1,303,915	—	—	—
Tuberculin Dilutions	—	—	15,560	213	—	—
Sera (Various) Bacterial Filtrates	—	—	422,898	—	—	—
Alijn Sera (amps)	—	—	165,021	—	—	—
Anti-Rabic Vaccine.....c.c.	73,400	—	—	—	—	—
Chaulmoogra Oil Preparations.....Litres	450	—	—	—	—	—
Calf Lymph (issued).....Tubes	6,656,973	—	2,506,383	1,300	13,500	—
Chick Membrane Lymph (on hand)	—	—	—	—	—	—
Other (oral) doses	—	—	4,966	—	—	—
Milk cultures.....bottles.	—	—	445	—	—	—
Human blood processed—						
Wet bottles prepared for whole blood...bottles.	4,095	—	—	—	—	—
Serum separated from blood.....Litres	245	—	—	—	—	—

TABLE V (1) (*continued*).—PATHOLOGICAL LABORATORIES: ANALYSIS AND EXAMINATIONS (AFTER 31ST MAY, 1951 THE SERVICES AT THE EAST LONDON LABORATORY WERE CONDUCTED BY THE PROVINCIAL ADMINISTRATION).

YEAR ENDED 30TH JUNE, 1950.

Particulars.	GOVERNMENT LABORATORIES.		S.A. INSTITUTE FOR MEDICAL RESEARCH.			EAST LONDON HOSPITAL BOARD.
	Cape Town.	Durban.	Johannesburg.	Port Elizabeth.	Bloemfontein.	East London.
Specimens examined for:—						
(*a*) Government Departments—						
Agriculture	—	—	—	—	—	—
Customs and Excise	—	—	—	—	—	—
Defence (and Navy)	2,723	748	5,346	83	236	—
Education	—	695	—	—	—	—
Finance	—	—	—	—	—	—
Health (including Leper Institutions and Mental Hospitals)	22,906	46,745	149,732	24,625	10,091	43,085
Interior	—	828	—	627	—	15
Justice (including Prisons)	1,396	2,078	5,786	—	—	—
Mines (including Miners Phthisis)	—	—	25,222	—	—	—
Native Affairs	—	—	—	—	—	—
Posts and Telegraphs	—	—	—	—	—	—
Public Works	—	22	—	33	—	10
S.A. Railways and Harbours	—	2,984	—	—	—	—
Others	307	—	1,119	135	26	—
TOTALS	27,332	54,100	187,205	25,503	10,353	43,110
(*b*) General Hospitals (Provincial)	27,713	11,356	267,914	28,856	10,813	5,780
(*c*) Local Authorities	123,594	15,768	97,948	26,112	3,836	66
(*d*) Medical Practitioners and Members of the Public	23,199	44,910	35,876	7,557	—	1,696
(*e*) Other Governments and other Administrations	—	6	9,457	—	—	—
(*f*) Others	—	—	424	—	—	—
TOTALS	174,506	72,040	411,619	62,525	14,649	7,542
Manufactures and Issues:—						
Autogenous Vaccines.....c.c.	—	—	655	58	36	—
Bacterial Vaccines.....c.c.	—	—	—	—	—	—
Tuberculin Dilutions	—	—	14,832	228	—	—
Sera (Various) Bacterial Filtrates.....c.c.	—	—	630,250	—	—	—
Sera (amps)	—	—	189,858	—	—	—
Anti-Rabic Vaccine.....c.c.	37,980	—	—	—	—	—
Chaulmoogra Oil Preparations.....Litres	—	—	—	—	—	—
Calf Lymph (issued).....Tubes	—	—	1,119,229	2,000	14,500	—
Chick Membrane Lymph (on hand)	—	—	—	—	—	—
Other (oral) doses	—	—	5,111	—	—	—
Milk cultures.....bottles.	—	—	487	—	—	—
Human blood processed—						
Wet bottles prepared for whole blood...bottles.	5,011	—	—	—	—	—
Serum separated from blood.....Litres	205	—	—	—	—	—

TABLE V (1) (*continued*).—PATHOLOGICAL LABORATORIES: ANALYSES AND EXAMINATIONS.
YEAR ENDED 30TH JUNE 1951.

Particulars.	GOVERNMENT LABORATORIES.		S.A. INSTITUTE FOR MEDICAL RESEARCH.			EAST LONDON HOSPITAL BOARD.
	Cape Town.	Durban.	Johannesburg.	Port Elizabeth.	Bloemfontein.	East London.
Specimens examined for:—						
(*a*) Government Departments—						
Agriculture	—	—	—	—	—	—
Customs and Excise	—	—	—	—	—	—
Defence (and Navy)	2,618	2,174	5,270	210	354	2
Education	—	506	—	—	—	—
Finance	—	—	—	—	—	—
Health (including Leper Institutions and Mental Hospitals)	21,731	44,782	163,561	20,336	13,855	55,703
Interior	—	393	—	—	—	—
Justice (including Prisons)	420	2,143	6,205	559	226	16
Mines (including Miner's Phthisis)	—	—	26,394	—	2,532	—
Native Affairs	—	—	—	—	—	—
Posts and Telegraphs	—	—	—	—	—	—
Public Works	—	9	120	—	—	—
S.A. Railways and Harbours	140	2,514	—	—	—	—
Others	—	6,796	1,997	—	162	9
TOTALS	24,909	59,317	203,547	21,105	17,129	55,730
(*b*) General Hospitals (Provincial)	3,745	6,993	310,276	31,602	29,333	3,686
(*c*) Local Authorities	106,828	19,485	98,914	27,696	3,899	3
(*d*) Medical Practitioners and Members of the Public	34,635	52,626	43,598	15,460	—	1,751
(*e*) Other Governments and other Administrations	185	—	10,336	—	1,462	—
(*f*) Others	17,272	4,859	40,313	—	—	—
TOTALS	162,665	83,963	503,437	74,758	34,694	5,440
Manufactures and Issues:—						
Autogenous Vaccines.....c.c.	—	—	568	—	—	—
Bacterial Vaccines.....c.c.	—	—	534,013	—	—	—
Tuberculin Dilutions	—	—	17,073	—	—	—
Sera (Various) Bacterial Filtrates.....c.c.	—	—	491,169	—	—	—
Sera (amps)	—	—	218,607	—	—	—
Anti-Rabic Vaccine.....c.c.	—	—	—	—	—	—
Chaulmoogra Oil Preparations.....Litres	30,500	—	—	—	—	—
Calf Lymph (issued).....Tubes	4,539,353	—	787,196	—	—	—
Chick Membrane Lymph (on hand)	4,315,600	—	—	—	—	—
Other (oral) doses	—	—	4,875	—	—	—
Milk cultures.....bottles.	—	—	830	—	—	—
Human blood processed—						
Wet bottles prepared for whole blood...bottles.	15,500	—	—	—	—	—
Serum separated from blood.....Litres	3,647	—	—	—	—	—

TABLE V (1) (*continued*).—PATHOLOGICAL LABORATORIES: ANALYSES AND EXAMINATIONS.
SIX MONTHS ENDED, 31ST DECEMBER, 1951.

Particulars.	Government Laboratories.		S.A. Institute for Medical Research.			East London Hospital Board.
	Cape Town.	Durban.	Johannesburg.	Port Elizabeth.	Bloemfontein.	East London.
Specimens examined for:—						
(*a*) Government Departments—						
Agriculture	—	—	—	—	—	—
Customs and Excise	—	—	—	—	—	—
Defence (and Navy)	—	4,208	2,277	190	91	—
Education	—	52	—	—	—	—
Finance	—	—	—	—	—	—
Health (including Leper Institutions and Mental Hospitals)	—	25,928	85,482	10,126	7,541	—
Interior	—	94	—	—	—	—
Justice (including Prisons)	—	1,021	2,763	285	45	—
Mines (including Miners Phthisis)	—	—	12,158	—	1,338	—
Native Affairs	—	—	—	—	—	—
Posts and Telegraphs	—	—	—	—	—	—
Public Works	—	10	—	—	—	—
S.A. Railways and Harbours	—	851	—	—	69	—
Others	—	—	1,163	33	—	—
TOTALS	—	32,167	103,843	10,634	9,084	—
(*b*) General Hospitals (Provincial)	—	3,866	166,559	16,259	15,086	—
(*c*) Local Authorities	—	9,009	50,097	14,235	2,166	—
(*d*) Medical Practitioners and Members of the Public	—	27,114	24,956	7,732	—	—
(*e*) Other Governments and other Administrations	—	2,529	9,997	—	604	—
(*f*) Others	—	1,247	19,645	—	—	—
TOTALS	—	43,765	271,254	38,226	17,856	—
Manufactures and Issues:—						
Autogenous Vaccines.....c.c.	—	—	287	36	11	—
Bacterial Vaccines.....c.c.	—	—	—	—	—	—
Tuberculin Dilutions	—	—	—	307	—	—
Sera (Various) Bacterial Filtrates.....c.c.	—	—	—	—	—	—
Sera (amps)	—	—	—	—	—	—
Anti-Rabic Vaccine.....c.c.	480	—	—	—	—	—
Chaulmoogra Oil Preparations.....Litres	—	—	—	—	—	—
Calf Lymph (issued).....Tubes	1,582,025	—	—	1,200	1,000	—
Chick Membrane Lymph (on hand)	5,252,080	—	—	—	—	—
Other (oral) doses	—	—	—	—	—	—
Milk cultures.....bottles.	—	—	—	—	—	—
Human blood processed—						
Wet bottles prepared for whole blood...bottles.	—	—	—	—	—	—
Serum separated from blood.....Litres	—	—	—	—	—	—

TABLE V (1) (*continued*).—PATHOLOGICAL LABORATORIES: ANALYSES AND EXAMINATIONS.
YEAR ENDED, 31ST DECEMBER, 1952.

Particulars.	GOVERNMENT LABORATORIES.		S.A. INSTITUTE FOR MEDICAL RESEARCH.			EAST LONDON HOSPITAL BOARD.
	Cape Town.	Durban.	Johannesburg.	Port Elizabeth.	Bloemfontein.	East London.
Specimens examined for:—						
(*a*) Government Departments—						
Agriculture	—	—	—	—	—	—
Customs and Excise	—	—	—	—	—	—
Defence (and Navy)	1,607	—	5,962	148	229	—
Education	—	—	—	—	—	—
Finance	—	—	—	—	—	—
Health (including Leper Institutions and Mental Hospitals)	15,750	—	187,527	20,177	16,562	—
Interior	—	—	—	—	—	—
Justice (including Prisons)	614	—	7,557	623	151	—
Mines (including Miners Phthisis)	—	—	24,806	—	2,363	—
Native Affairs	—	—	—	—	—	—
Public Works	—	—	—	—	—	—
S.A. Railways and Harbours	—	—	—	—	—	—
Others	—	—	4,086	123	254	—
TOTALS	17,971	—	229,938	21,071	19,559	—
(*b*) General Hospitals (Provincial)	1,323	—	368,588	39,339	28,309	—
(*c*) Local Authorities	67,544	—	108,578	28,794	4,604	—
(*d*) Medical Practitioners and Members of the Public	11,926	—	52,114	18,824	—	—
(*e*) Other Governments and other Administrations	—	—	24,832	—	1,498	—
(*f*) Others	14,157	—	48,007	—	2,988	—
TOTALS	94,950	—	602,119	86,957	37,399	—
Manufactures and Issues:—						
Autogenous Vaccines.....c.c.	—	—	533	102	32	—
Bacterial Vaccines.....c.c.	—	—	343,349	—	—	—
Anti-Rabic Vaccine.....c.c.	1,800	—	—	—	—	—
Tuberculin Dilutions	—	—	13,238	1,375	—	—
Sera (Various) Bacterial Filtrates.....c.c.	—	—	1 532,874	—	—	—
Sera (amps)	—	—	220,759	—	—	—
Chaulmoogra Oil Preparations.....Litres	—	—	—	—	—	—
Calf Lymph (issued).....Tubes	—	—	1,117,823	2,400	3,000	—
Chick Membrane Lymph (on hand)	—	—	—	—	—	—
Other (oral) doses	—	—	3,087	—	—	—
Milk cultures.....bottles.	—	—	514	—	—	—
Human blood processed—						
Wet bottles prepared for whole blood...bottles.	9,290	—	—	—	—	—
Serum separated from blood.....Litres	349	—	—	—	—	—

TABLE V (2).—PATHOLOGICAL LABORATORIES: NUMBER OF EXAMINATIONS PERFORMED.

Period.	Laboratory.	Work done on behalf of Government Departments.	Work done on behalf of others.	Total Specimens.
1/7/47 to 30/6/48	Johannesburg	160,129	328,151	488,280
	Cape Town	20,696	86,201	106,897
	Durban	34,309	86,407	120,716
	Port Elizabeth	24,799	52,982	71,781
	East London	14,906	4,174	19,080
	Bloemfontein	10,772	11,652	22,424
	TOTAL	265,611	569,567	835,178
1/7/48 to 30/6/49	Johannesburg	175,144	385,133	560,277
	Cape Town	24,013	155,903	179,916
	Durban	41,225	80,274	121,499
	Port Elizabeth	28,358	58,354	86,712
	East London	35,112	16,885	51,997
	Bloemfontein	12,093	11,801	23,894
	TOTAL	315,945	708,350	1,024,295
1/7/49 to 30/6/50	Johannesburg	187,205	411,619	598,824
	Cape Town	27,332	174,506	201,838
	Durban	54,100	72,040	126,140
	Port Elizabeth	25,503	62,525	88,028
	East London	43,110	7,542	50,652
	Bloemfontein	10,353	14,649	25,002
	TOTAL	347,603	742,881	1,090,484
1/7/50 to 30/6/51	Johannesburg	203,547	503,437	706,984
	Cape Town	24,909	162,665	187,574
	Durban	59,317	83,963	143,280
	Port Elizabeth	21,105	74,758	95,863
	East London	55,730	5,440	61,170
	Bloemfontein	17,129	34,694	51,823
	TOTAL	381,737	864,957	1,246,694
1/7/51 to 31/12/51	Johannesburg	103,843	271,254	375,097
	Cape Town	—	—	—
	Durban	32,167	43,765	75,932
	Port Elizabeth	10,634	38,226	48,860
	Bloemfontein	9,084	17,856	26,940
	TOTAL	155,728	371,101	526,829
1/1/52 to 31/12/52	Johannesburg	229,938	602,119	832,057
	Cape Town	17,971	94,950	112,921
	Durban	—	—	—
	Port Elizabeth	21,071	86,957	108,028
	Bloemfontein	19,559	37,399	56,958
	TOTAL	288,539	821,425	1,109,964

TABLE V (3).—PATHOLOGICAL LABORATORIES: NATURE OF EXAMINATIONS PERFORMED.

	Johannes-burg.	Cape Town.	Durban.	Port Elizabeth.	East London.	Bloem-fontein.
1/7/47 to 30/6/48—						
Particular disease	348,089	9 9,173	88,550	59,700	15,701	21,917
General bacteriological	23,945	1,882	11,630	4,388	193	102
Chemical	49,081	4,767	1,534	4,691	1,077	91
Parasitological	10,328	427	17,776	632	439	51
Pathological	54,291	336	782	7,895	1,656	263
Medico legal	3,131	312	464	475	—	—
TOTAL	488,865	106,897	120,736	77,781	19,066	22,424
1/7/48 to 30/6/49—						
Particular disease	381,001	174,125	96,013	67,765	42,405	23,045
General bacteriological	29,301	1,964	15,690	5,715	1,332	87
Chemical	67,130	1,172	1,923	4,746	3,452	154
Parasitological	10,596	—	19,665	519	133	30
Pathological	68,761	1,079	3,342	9,604	4,676	578
Medico-legal	3,488	404	567	360	—	—
TOTAL	560,277	178,744	137,200	88,709	51,998	23,894

TABLE V (3) (*continued*).—PATHOLOGICAL LABORATORICS: NATURE OF EXAMINATIONS PERFORMED.

	Johannesburg.	Cape Town.	Durban.	Port Elizabeth.	East London.	Bloemfontein.
1/7/49 to 30/6/50—						
Particular disease	414,139	43,208	81,376	63,668	43,084	26,380
General bacteriological	38,044	1,517	19,505	5,428	1,098	130
Chemical	87,584	129,973	18,904	7,214	2,750	372
Parasitological	12,021	235	18,792	440	7	30
Pathological	85,614	1,202	1,276	10,739	773	345
Medico-legal, etc	3,253	2,638	599	559	—	—
TOTAL	640,655	178,773	140,452	88,048	47,712	27,257
1750 to 30/6/51—						
Particular disease	114,276	36,872	20,529	68,192	54,802	32,386
General bacteriological	51,256	1,622		5,664	504	3,673
Serological	283,907	130,013	76,926	—	328	—
Parasitological	19,347	252	16,102	371	7	2,195
Pathological	17,050	1,482	3,077	11,568	907	7,473
Haematological	89,195	11,131	6,758	—	2,017	—
Chemical	96,984	4,310	8,136	9,698	2,377	6,054
Miscellaneous	4,849	1,892	11,752	490	90	—
TOTAL	676,864	187,574	143,280	95,983	61,032	51,781
1/7/51 to 31/12/51—						
Particular disease	68,106	25,089	8,102	34,890	*	16,580
General bacteriological	28,997	22,639	4,846	2,507	*	2,171
Serological	149,965	1,687	40,096	—	*	—
Parasitological	9,479	111	9,021	233	*	765
Pathological	8,352	442	1,097	5,222	*	4,442
Haematological	51,259	402	4,721	—	*	—
Chemical	56,572	1,828	7,542	5,730	*	2,951
Miscellaneous	2,367	1,514	479	278	*	—
TOTAL	375,097	53,712	75,904	48,860	*	26,909
1/1/52 to 31/12/52—						
Particular disease	164,472	—	—	71,461	*	35,149
General bacteriological	68,646	17,158	—	6,134	*	4,064
Serological	306,595	104,269	—	—	*	—
Parasitological	19,370	—	—	519	*	1,358
Pathological	18,728	10,227	—	16,288	*	8,956
Haematological	94,359	11,937	—	—	*	—
Chemical	155,488	—	—	13,037	*	7,399
Miscellaneous	4,399	—	—	589	*	—
TOTAL	832,057	143,591	—	108,028	*	56,926

* Service conducted by Provincial Administration.

TABLE V (4).—GOVERNMENT VACCINE INSTITUTE, ROSEBANK, CAPE.

Work carried out during the period 1st July, 1947 to 30th June, 1948:—

Number of calves vaccinated	207.
Number of calves successful	202.
Number of calves lymph rejected	5.
Amount of lymph obtained from 202 calves	118,960 c.c.
Average quantity per successful calf	588 c.c.
Average number of tubes per successful calf	23,520.
Average value per successful calf at 2d. per tube	£196.
Total number of tubes manufactured during year ending 30th June, 1948 (calf lymph)	4,758,400.
Amount of lymph discarded owing to outbreak of lumpy skin disease in batch	7,400 c.c.
Number of tubes issued during the above period	5,020,079.
Value of lymph manufactured at 2d. per tube (calf lymph)	£39,653. 6s. 8d.
Value of lymph issued free at 2d. per tube.	£33,122. 2s. 2d.
Number of tubes (approximate) on hand at the end of June, 1948 (calf lymph)	2,258,400.
Revenue received by sales outside the Union	£7,608. 4s. 0d.

TABLE V (4) (*continued*).—GOVERNMENT VACCINE INSTITUTE, ROSEBANK, CAPE.

Work carried out during the period 1st July, 1948 to 30th June, 1949:—

Number of calves vaccinated	320.
Number of calves successful	300.
Number of calves lymph rejected	20.
Amount of lymph obtained from 300 calves	151,090 c.c.
Average quantity per successful calf	503 c.c.
Average number of tubes per successful calf	20,120.
Average value per successful calf at 2d. per tube	£167. 13s. 4d.
Total number of tubes manufactured during year ended 30th June, 1949 (calf lymph)	6,043,600.
Number of tubes issued during the above period	6,656,973.
Value of lymph manufactured at 2s. per tube (calf lymph)	£50,363. 6s. 8d.
Value of lymph issued free at 2d. per tube	£48,084. 15s. 8d.
Number of tubes (approximate) on hand at the end of June, 1949 (calf lymph)	1,386,400.
Revenue received by sales outside the Union	£7,253. 13s. 10d.

TABLE V (4) (*continued*).—GOVERNMENT VACCINE INSTITUTE, ROSEBANK, CAPE.

Work carried out during the period 1st July, 1949 to 30th June, 1950:—

Number of calves vaccinated	300.
Number of calves successful	293.
Number of calves lymph rejected	7.
Amount of lymph obtained from 293 calves	164,610 c.c.
Average quantity per successful calf	561 c.c.
Average number of tubes per successfull calf	22,440.
Average value per successful calf at 2d. per tube	£187.
Total number of tubes manufactured during the year ending 30th June, 1950.	6,584,400.
Number of tubes issued during the above period	4,043,585.
Value of lymph manufactured at 2d. per tube	£54,870.
Value of lymph issued free at 2d. per tube	£27,726 10s. 2d.
Number of tubes (approximate) on hand at the end of June, 1950	3,427,000.
Revenue received by sales outside the Union	£5,770. 9s. 8d.

TABLE V (4) (*continued*).—GOVERNMENT VACCINE INSTITUTE, ROSEBANK, CAPE.

Work carried out during the period 1st July, 1950, to 30th June, 1951.

Number of calves vaccinated	226.
Number of calves successful	214.
Number of calves lymph rejected	12.
Amount of lumph obtained from 214 calves	149,755 c.c.
Average quantity per successful calf	699 c.c.
Average number of tubes per successful calf	27,960.
Average value per successful calf at 2d. per tube	£233.
Total number of tubes manufactured during the year ending 30th June, 1951.	5,990,200.
Number of tubes issued during the above period	4,539,353.
Value of lymph manufactured at 2d. per tube	£49,918. 6s. 8d.
Value of lymph issued free at 2d. per tube	£29,562. 4s. 2d.
Number of tubes (approximate) on hand at the end of June, 1951	4,215,600.
Revenue received by sales outside the Union	£8,106. 16s. 0d.

TABLE V (4) (*continued*).—GOVERNMENT VACCINE INSTITUTE, ROSEBANK, CAPE.

Annual Report on work carried out during the period 1st July, 1951 to 31st December, 1951:—

Number of calves vaccinated	114.
Number of calves successful	112.
Number of calves lymph rejected	2.
Amount of lymph obtained from 112 calves	78,619 c.c.
Average quantity per successful calf	689 c.c.
Average number of tubes per successful calf	27,560.
Average value per successful calf at 2d. per tube	£229. 13s. 4d.
Number of sheep vaccinated	35.
Amount of lymph obtained from 35 sheep.	13,158 c.c.
Average quantity per sheep	376 c.c.
Average number of tubes per sheep	15,040.
Average value per sheep at 2d. per tube	£125. 6s. 8d.
Total number of tubes manufactured during six months ending 31st December, 1951	3,671,100.
Number of tubes issued during the above period	1,582,025.
Value of *all* lymph manufactured at 2d. per tube	£30,592. 10s. 0d
Value of lymph issued free at 2d. per tube	£10,529. 8s. 8d.
Number of tubes (approximate) on hand at the end of December, 1951	5,252,080.
Revenue received by sales outside the Union	£2,648. 13s. 10d.

TABLE V (4) (*continued*).—GOVERNMENT VACCINE INSTITUTE, ROSEBANK, CAPE PROVINCE.

Annual Report on work carried out during the period 1st January, 1952 to 31st December, 1952.:—

Number of calves vaccinated	255.
Number of calves successful	254.
Number of calves lymph rejected	1.
Amount of lymph obtained from 254 calves	155,015 c.c.
Average quantity per successful calf	610 c.c.
Average number of tubes per successful calf	25,315.
Average value per successful calf at 2d. per tube	£215. 19s. 2d.
Total number of tubes manufactured during the year ending 31st December, 1952	6,430,600.
Number of tubes issued during the above period	2,920,151.
Value of *all* lymph manufactured at 2d. per tube	£53,588. 6s. 8d.
Value of lymph issued free at 2d. per tube	£19,948. 8s. 6d.
Number of tubes (approximate) on hand at end of December, 1952	9,676,680.
Revenue received by sales outside the Union	£4,516. 16s. 0d.
Small Animals.	
Guinea pigs supplied during the year to Bacteriological Laboratory, Cape Town	540.
Guinea pigs on hand 31st December, 1952	560.
Rabbits utilized for seed lymph	44.
Fowls on hand 31st December, 1952	36.

TABLE V (5).—GOVERNMENT VACCINE INSTITUTE, ROSEBANK, CAPE.

Lymph issued free in the Union from 1st July 1947, to 30th June, 1948:—

Month.	Cape.	Transvaal.	Natal.	Orange Free State.
1947—				
July	274,997	159,975	72,908	6,203
August	145,107	162,296	250,679	6,212
September	149,257	135,786	200,756	9,662
October	25,009	109,954	120,804	4,488
November	62,624	114,114	20,804	10,548
December	14,131	126,439	778	5,772
1948—				
January	27,216	84,429	2,279	7,578
February	109,781	134,657	7,779	4,902
March	106,723	127,253	16,079	4,337
April	105,591	154,111	32,098	16,645
May	114,952	234,440	125,104	13,896
June	94,320	160,945	75,779	24,456
TOTAL	1,229,708	1,704,399	925,847	114,699

TABLE V (5) (*continued*).—GOVERNMENT VACCINE INSTITUTE, ROSEBANK

Lymph issued free in the Union from 1st July, 1948, to 30th June, 1949:—

Month.	Cape.	Transvaal.	Natal.	Orange Free State.
1948—				
July	127,242	173,382	128,410	7,366
August	109,522	324,108	76,654	8,305
September	76,283	207,887	116,301	6,576
October	79,226	193,497	32,864	8,578
November	101,666	416,703	14,454	20,661
December	128,253	263,876	48,006	5,182
1949—				
January	41,568	216,224	14,794	3,253
February	18,292	179,590	10,471	4,850
March	80,897	305,180	18,709	5,761
April	82,171	251,909	20,764	10,953
May	139,947	600,046	54,012	21,954
June	95,501	668,406	218,690	31,830
TOTAL	1,080,568	3,800,808	754,129	135,269

TABLE V (5) (*continued*).—GOVERNMENT VACCINE INSTITUTE, ROSEBANK.

Lymph issued free in the Union from 1st July, 1949 to 30th June, 1950:—

Month.	Cape.	Transvaal.	Natal.	Orange Free State.
1949—				
July.....	27,855	185,576	109,024	9,155
August.....	27,050	305,804	173,304	3,042
September.....	31,205	172,835	40,019	4,971
October.....	52,417	193,988	30,036	4,375
November.....	67,298	115,909	49	3,463
December.....	13,893	103,522	6,048	5,010
1950—				
January.....	49,501	152,606	39,048	10,512
February.....	49,754	72,372	54	13,074
March.....	111,529	143,886	29,561	3,117
April.....	100,120	127,178	10,027	9,166
May.....	92,065	123,099	40,002	7,019
June.....	71,941	344,208	20,012	21,482
TOTAL....	694,628	2,040,983	497,184	94,386

TABLE V (5) (*continued*).—GOVERNMENT VACCINE INSTITUTE, ROSEBANK, CAPE.

Lymph issued free in the Union from 1st July, 1950 to 30th June, 1951.

Month.	Cape.	Transvaal.	Natal.	Orange Free State.
1950—				
July.....	73,760	319,657	21,543	16,740
August.....	78,981	211,953	21,554	15,714
September.....	121,256	145,562	43,088	18,444
October.....	100,852	150,890	47	15,649
November.....	61,853	166,336	21,555	13,901
December.....	51,307	117,294	43,073	7,738
1951—				
January.....	81,813	125,570	97	11,953
February.....	110,100	108,874	21,554	86,264
March.....	56,613	180,734	21,549	6,491
April.....	71,716	167,340	10,049	6,184
May.....	61,322	136,002	40,049	28,301
June.....	67,017	247,345	40,073	21,708
TOTALS...	936,590	2,077,557	284,231	249,087

TABLE V (5) (*continued*).—GOVERNMENT VACCINE INSTITUTE, ROSEBANK, CAPE.

Lymph issued free in the Union, from 1st July, 1951, to 31st December, 1951.

Month.	Cape.	Transvaal.	Natal.	Orange Free State.	Monthly Total.
1951—					
July.....	66,227	194,090	85,025	10,010	355,352
August.....	60,451	138,480	6,049	10,334	215,314
September.....	54,573	48,500	36,000	53,000	192,073
October.....	51,650	78,000	2,000	4,200	135,850
November.....	52,161	117,100	15,000	7,250	191,511
December.....	30,332	102,850	19,500	750	153,432
TOTALS.....	315,394	679,020	163,574	85,544	1,243,532

TABLE V (5) (*continued*).—GOVERNMENT VACCINE INSTITUTE, ROSEBANK, CAPE.

Lymph issued free in the Union from 1st January, 1952 to 31st December, 1952.

Month.	Cape.	Transvaal.	Natal.	Orange Free State.	Monthly Total.
1952....					
January.....	27,678	72,150	1,000	3,250	104,078
February.....	24,899	120,650	13,010	6,500	165,059
March.....	32,997	96,600	15,000	4,500	149,097
April.....	12,964	95,900	15,000	6,700	130,564
May.....	33,848	137,300	15,000	25,900	212,048
June.....	63,816	219,800	45,000	36,000	364,616
July.....	46,531	129,600	45,000	14,900	236,031
August.....	17,710	208,600	45,000	19,900	291,210
September.....	74,798	97,000	15,000	5,000	191,798
October.....	49,220	151,800	15,000	8,900	224,920
November.....	64,479	80,100	15,000	10,650	170,229
December.....	41,310	96,600	15,000	1,250	154,160
TOTAL.....	490,250	1,506,100	254,010	143,450	2,393,810

TABLE V (6).—GOVERNMENT VACCINE INSTITUTE, ROSEBANK, CAPE.

Sales outside the Union from 1st January, 1952, to 31st December, 1952.:—

Month.	Single Dose Tubes @ 2d. each.	Amps. 250 Dose @ 32s. each.	Amps. 100 Dose @ 14s. each.	Amps. 50 Dose @ 7s. 6d. each.
1952—				
January.....	49,641	—	20	45
February.....	54,777	—	—	20
March.....	46,879	—	—	20
April.....	50,232	—	—	25
May.....	49,141	—	—	20
June.....	23,017	—	—	20
July.....	32,269	—	—	25
August.....	28,213	—	—	20
September.....	44,390	—	—	20
October.....	57,632	—	—	25
November.....	48,156	—	—	46
December.....	41,994	—	—	25
TOTAL....	526,341	—	20	311

Total issued for year:—

Cape.....	490,250	
Transvaal.....	1,506,100	
Natal.....	254,010	
Orange Free State	143,450	
Outside Union...	526,341	@ 2d.
	311	@ 7s. 6d.
	20	@ 14s.
TOTAL.....	2,920,151	single tubes.
	20	@ 100 amps.
	311	@ 50 amps.

Table VI.—Health Centres: Union Health Department.

Summary of Work Done, 1st January, 1952 to 1st December, 1952.

Centre.	Total Attendances.	Domiciliary.	Maternal and Child Health.		Preventive.					Infectious Disease.				Venereal Disease.	
			Total Attendances.	Antenatal.	Vaccination.	Diphtheria.	Combined Whooping Cough and Diphtheria.	T.A.B.	Total Cases.	Tuberculosis.	Diphtheria.	Typhoid.	Poliomyelitis.	Syphilis.	Gonorrhoea.
NATAL REGION.															
*Institute of Family and Community Health	206,202	102,261	27,508	1,778	6,076	7,239	768	—	1,760	187	1	—	—	288	213
Botha's Hill	18,336	640	3,876	323	—	—	—	—	9	8	—	1	—	92	30
Gcilima	87,892	9,399	32,403	1,312	52	—	493	9,236	175	140	—	7	—	1,220	3
Ixopo	17,301	—	13,301	2,201	270	2,604	142	—	—	—	—	—	—	51	5
†Nottingham Road	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polela	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tongaat	14,155	8,438	4,153	215	177	1,407	412	—	20	10	—	—	—	63	12
CAPE REGION.															
Cradock	31,506	908	3,079	545	253	—	72	—	138	126	8	2	—	144	—
George	31,777	1,697	4,256	462	455	—	115	—	166	94	—	—	1	301	86
Gordonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Grassy Park	40,272	6,618	2,719	245	307	237	67	62	114	50	5	—	—	62	4
Knysna	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mossel Bay	17,003	2,557	4,790	1,536	217	50	169	2	96	92	2	2	—	275	—
Stellenbosch	31,660	1,569	4,754	346	180	11	154	—	214	90	3	2	1	176	48
Walmer	32,511	1,012	2,741	397	182	47	104	—	682	117	2	—	—	2,252	153
CAPE EASTERN REGION.															
Adelaide	12,803	1,052	3,963	128	—	—	—	—	19	19	—	—	—	432	14
Fort Beaufort	16,123	7,837	7,099	391	—	35	34	96	23	20	2	—	1	222	16
Grahamstown	65,649	4,615	20,537	483	400	781	411	—	329	153	—	—	—	748	—
Sandflats	14,407	1,707	591	226	8	—	23	79	161	42	1	—	—	118	—
Umtata	47,299	10,685	23,201	6,405	1,772	905	1,197	2,357	433	116	—	—	—	756	177
Zwelitsha	31,345	10,177	13,208	555	102	4	188	348	260	59	—	—	—	181	—
SOUTHERN TRANSVAAL REGION.															
Bloemhof	4,664	—	162	111	—	347	130	—	—	6	—	—	—	389	—
Evaton	22,989	6,724	3,989	380	890	1,182	137	113	136	13	10	2	—	446	54
Lady Selborne	79,059	1,760	6,236	3,806	572	1,128	73	1,719	876	49	32	21	1	1,266	126
Randfontein	31,498	2,012	5,639	670	239	—	96	—	—	31	15	2	—	988	—
NORTHERN TRANSVAAL REGION.															
Bosbokrand	29,381	—	7,333	829	172	—	76	896	194	21	—	4	—	606	58
ORANGE FREE STATE REGION.															
Bethlehem	20,686	—	6,682	88	83	—	56	94	247	20	2	2	—	395	—

* Institute of Family and Community Health includes the following health centres:—
Clairwood, Newlands, Springfield.

† Figures not available see text page 21.

TABLE VII (1).—FOODS, DRUGS AND DISINFECTANTS ACT NO. 13 OF 1929. SAMPLES TAKEN FOR EXAMINATION OR ANALYSIS AND THE RESULTS, 1947–52.

Place.	Total taken.	Number Analysed or Examined.	Number found Adulterated or Incorrectly or falsely described.	Prosecutions.	Convictions.
PERIOD 1ST JULY, 1947 TO 30TH JUNE, 1948.					
Ports of Union	1,108	1,108	81	52	11
Cape	177	177	28	7	7
Natal	14	14	—	—	—
Transvaal	3,266	3,266	500	124	116
Orange Free State	65	65	11	3	2
TOTAL	4,630	4,630	620	186	136
PERIOD 1ST JULY, 1948 TO 30TH JUNE, 1949.					
Ports of Union	2,247	2,247	125	75	62
Cape	36	36	8	8	5
Natal	106	106	4	2	2
Transvaal	4,533	4,533	733	141	130
Orange Free State	21	21	3	3	3
TOTAL	6,943	6,943	873	229	202
PERIOD 1ST JULY, 1949 TO 30TH JUNE, 1950.					
Ports of Union	1,518	1,518	37	14	14
Cape	47	47	8	6	6
Natal	36	36	1	1	1
Transvaal	3,299	3,299	1,070	101	101
Orange Free State	—	—	—	—	—
TOTAL	4,900	4,900	1,116	122	122
PERIOD 1ST JULY, 1950 TO 31ST DECEMBER, 1951.					
Ports of Union	1,435	1,435	37	28	17
Cape	1,918	1,918	166	57	40
Natal	153	153	10	9	3
Transvaal	5,732	5,732	726	108	95
Orange Free State	170	170	9	6	4
TOTAL	9,408	9,408	948	208	159
PERIOD 1ST JANUARY, 1952 TO 31ST DECEMBER, 1952.					
Ports of Union	1,297	1,297	76	48	40
Cape	38	38	2	—	—
Natal	140	140	10	5	5
Transvaal	3,915	3,915	941	744	321
Orange Free State	—	—	—	—	—
TOTAL	5,390	5,390	1,029	797	366

Table VII (2).—Medical Dental and Pharmacy Act, (Act No. 13 of 1928).

Prosecutions and Convictions under Laws relating to Habit-forming Drugs during the Period Ended at Date shown.

Period Ended.	Province.	European.		Native.		Asiatic.		Other Coloured.		Total.	
		Prose-cutions.	Con-victions.	Prose-cutions.	Con-victions.	Prose-cutions.	Con-victions.	Prose-cutions.	Con-victions.	Prose-cutions.	Con-victions.
30/6/48	Cape	56	50	1,229	1,143	17	14	2,085	2,018	3,387	3,225
	Natal	32	32	3,052	2,951	173	166	111	107	3,368	3,256
	Transvaal	104	90	5,083	4,866	19	17	462	431	5,668	5,404
	Orange Free State	8	6	493	472	—	—	34	32	535	510
	Union	200	178	9,857	9,432	209	197	2,692	2,588	12,958	12,395
30/6/49	Cape	63	57	1,583	1,470	10	10	2,399	2,348	4,055	3,885
	Natal	36	36	3,408	3,304	250	232	155	149	3,849	3,721
	Transvaal	111	103	6,403	6,092	31	20	483	453	7,028	6,668
	Orange Free State	7	7	673	642	2	2	36	32	718	683
	Union	217	203	12,067	11,508	293	264	3,073	2,982	15,650	14,957
30/6/50	Cape	76	71	1,570	1,432	13	12	2,862	2,764	4,521	4,279
	Natal	66	64	3,212	3,105	385	368	212	201	3,875	3,738
	Transvaal	187	167	6,918	6,611	23	21	546	518	7,674	7,317
	Orange Free State	27	23	910	858	—	—	48	47	985	928
	Union	356	325	12,610	12,006	421	401	3,668	3,530	17,055	16,262
30/6/51	Cape	76	69	1,703	1,561	10	9	2,885	2,819	4,674	4,458
	Natal	73	65	3,724	3,606	408	395	210	200	4,415	4,266
	Transvaal	167	145	6,133	5,834	36	33	483	462	6,819	6,474
	Orange Free State	13	12	837	800	3	3	27	26	880	841
	Union	329	291	12,397	11,801	457	440	3,605	3,507	16,788	16,039
6 Months 1/7/51–31/12/51	Cape	32	26	821	768	12	12	1,618	1,584	2,483	2,390
	Natal	46	44	1,479	1,442	229	224	121	119	1,875	1,829
	Transvaal	82	73	3,644	3,493	14	14	291	278	4,031	3,858
	Orange Free State	5	5	404	.382	—	—	12	12	421	399
	Union	165	148	6,348	6,085	255	250	2,042	1,993	8,810	8,476
31/12/52	Cape—										
	Dagga	90	83	1,737	1,636	12	12	2,662	2,592	4,501	4,323
	Other habit-forming drugs	—	—	—	—	1	1	—	—	1	1
	Natal—										
	Dagga	82	76	3,841	3,758	522	497	245	240	4,690	4,571
	Other habit-forming drugs	—	—	—	—	2	2	—	—	2	2
	Transvaal—										
	Dagga	181	164	7,873	7,498	14	12	574	551	8,642	8,225
	Other habit-forming drugs	1	1	—	—	3	3	—	—	4	4
	Orange Free State—										
	Dagga	15	13	909	861	—	—	48	45	972	919
	Other habit-forming drugs	—	—	—	—	—	—	—	—	—	—
	Union—										
	Dagga	368	336	14,360	13,753	548	521	3,529	3,428	18,805	18,038
	Other habit-forming drugs	1	1	—	—	6	6	—	—	7	7

TABLE VII (3).—LICENCES AND PERMITS ISSUED UNDER THE THERAPEUTIC SUBSTANCES REGULATIONS DURING THE YEAR ENDING 30TH JUNE, 1948.

Product.	IMPORT LICENCES.				MANUFACTURING LICENCES.				BLOOD PROCESSING LICENCES.				RESEARCH LICENCES.				VITAMIN PERMITS.			
	In Force.	Issued.	Cancelled.	Total.	In Force.	Issued.	Cancelled.	Total.	In Force.	Issued.	Cancelled.	Total.	In Force.	Issued.	Cancelled.	Total.	In Force.	Issued.	Cancelled.	Total.
Vaccines	13	1	2	12	65	—	—	65	—	—	—	—	—	—	—	—	—	—	—	—
Sera, etc	4	—	1	3	22	—	—	22	2	—	—	2	—	—	—	—	—	—	—	—
Toxins and venoms	3	—	—	3	6	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—
Toxoids and antigens	5	—	—	5	7	—	—	7	—	—	—	—	—	—	—	—	—	—	—	—
Antitoxins	5	—	1	4	6	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculins	4	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Arsphenamines	8	—	1	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Insulins	9	—	—	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pituitary extracts	9	—	—	9	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Surgical ligatures and sutures	9	—	1	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Oestrogens	16	3	1	18	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Progesterones	14	3	1	16	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Androsterones	4	3	1	6	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Antibiotics	13	11	—	24	2	2	—	4	—	—	—	—	—	—	—	—	—	—	—	—
Vitamins	10	2	—	12	4	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—
Antivenines	—	—	—	—	2	—	—	2	—	—	—	—	—	—	—	—	33	4	—	37
General	—	—	—	—	—	—	—	—	—	—	—	—	8	1	—	9	—	—	—	—

TABLE VII (3) (*continued*).—LICENCES AND PERMITS ISSUED UNDER THE THERAPEUTIC SUBSTANCES REGULATIONS YEAR ENDING 30TH JUNE, 1949.

Product.	IMPORT LICENCES.				MANUFACTURING LICENCES.				BLOOD PROCESSING LICENCES.				RESEARCH LICENCES.				VITAMIN PERMITS.			
	In Force.	Issued.	Cancelled.	Total.	In Force.	Issued.	Cancelled.	Total.	In Force.	Issued.	Cancelled.	Total.	In Force.	Issued.	Cancelled.	Total.	In Force.	Issued.	Cancelled.	Total.
Vaccines	12	1	—	13	65	—	—	65	—	—	—	—	—	—	—	—	—	—	—	—
Sera, etc	3	1	—	4	22	—	—	22	2	—	—	2	—	—	—	—	—	—	—	—
Toxins and venoms	3	—	—	3	6	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—
Toxoids and antigens	5	1	—	6	7	—	—	7	—	—	—	—	—	—	—	—	—	—	—	—
Antitoxins	4	—	—	4	6	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculins	4	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Arsphenamines	7	—	1	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Insulins	9	—	1	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pituitary extracts	9	1	1	9	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Surgical ligatures and sutures	8	—	1	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Oestrogens	18	2	1	19	1	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Progesterones	16	1	1	16	1	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Androsterones	6	—	—	6	1	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Antibiotics	24	3	—	27	4	1	—	5	—	—	—	—	—	—	—	—	—	—	—	—
Vitamins	12	1	—	13	4	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—
Antivenines	—	—	—	—	2	2	—	4	—	—	—	—	—	—	—	—	37	7	4	40
General	—	—	—	—	—	—	—	—	—	—	—	—	9	2	—	11	—	—	—	—

TABLE VII (3) (*continued.*—LICENCES AND PERMITS ISSUED UNDER THE THERAPEUTIC SUBSTANCES REGULATIONS DURING THE YEAR ENDING 30TH JUNE, 1950.

Product.	IMPORT LICENCES.				MANUFACTURING LICENCES.				BLOOD PROCESSING LICENCES.				RESEARCH LICENCES.				VITAMIN PERMITS.			
	In Force.	Issued.	Cancelled.	Total.	In Force.	Issued.	Cancelled.	Total.	In Force.	Issued.	Cancelled.	Total.	In Force.	Issued.	Cancelled.	Total.	In Force.	Issued.	Cancelled.	Total.
Vaccines	13	1	—	14	65	—	—	65	—	—	—	—	—	—	—	—	—	—	—	—
Sera, etc	4	1	—	5	22	—	—	22	2	—	—	2	—	—	—	—	—	—	—	—
Toxins and venoms	3	—	—	3	6	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—
Toxoids and antigens	6	1	—	7	7	—	—	7	—	—	—	—	—	—	—	—	—	—	—	—
Antitoxins	4	—	—	4	6	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculins	4	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Arsphenamines	6	—	1	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Insulins	8	2	1	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pituitary extracts	9	1	—	10	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Surgical ligatures and sutures	7	2	—	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Oestrogens	19	2	1	20	2	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Progesterones	16	1	1	16	2	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Androsterones	6	1	—	7	2	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Antibiotics	27	2	1	28	5	1	—	6	—	—	—	—	—	—	—	—	—	—	—	—
Vitamins	13	2	—	15	4	2	—	6	—	—	—	—	—	—	—	—	40	2	2	40
Antivenines	—	—	—	—	4	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—
General	—	—	—	—	—	—	—	—	—	—	—	—	11	—	—	11	—	—	—	—

TABLE VII (3) (*continued*).—LICENCES AND PERMITS ISSUED UNDER THE THERAPEUTIC SUBSTANCES REGULATIONS DURING THE YEAR ENDING 30TH JUNE, 1951.

Product.	IMPORT LICENCES.				MANUFACTURING LICENCES.				BLOOD PROCESSING LICENCES.				RESEARCH LICENCES.				VITAMIN PERMITS.			
	In Force.	Issued.	Cancelled.	Total.	In Force.	Issued.	Cancelled.	Total.	In Force.	Issued.	Cancelled.	Total.	In Force.	Issued.	Cancelled.	Total.	In Force.	Issued.	Cancelled.	Total.
Vaccines	14	—	—	14	65	1	—	66	—	—	—	—	—	—	—	—	—	—	—	—
Sera, etc	5	—	—	5	22	—	—	22	2	3	—	5	—	—	—	—	—	—	—	—
Toxins and venoms	3	—	—	3	6	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—
Toxoids and antigens	7	2	—	9	7	—	—	7	—	—	—	—	—	—	—	—	—	—	—	—
Antitoxins	4	—	—	4	6	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculins	4	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Arsphenamines	5	—	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Insulins	9	3	2	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pituitary extracts	10	1	3	8	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Surgical ligatures and sutures	9	5	1	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Oestrogens	20	7	4	23	3	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Progesterones	16	4	4	16	3	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Androsterones	7	5	1	11	3	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Antibiotics	28	7	3	32	6	3	—	9	—	—	—	—	—	—	—	—	—	—	—	—
Vitamins	15	4	3	16	6	—	—	6	—	—	—	—	—	—	—	—	40	2	—	42
Antivenines	—	—	—	—	4	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—
General	—	—	—	—	—	—	—	—	—	—	—	—	11	2	1	12	—	—	—	—

TABLE VII (3) (*continued*).—THERAPEUTIC SUBSTANCES REGULATIONS.

Table showing details of licences and permits issued and valid for the period July 1st, 1951 to December 31st, 1951:—

Import Licences	68	of this total five were new licences issued.
Manufacturing Licences	138	No new licences issued.
Blood Processing Licences	5	No new licences issued.
Research Licences	12	No new licences issued.
Vitamin Permits	41	No new licences issued.

TABLE VII (3) (*continued*).—LICENCES ISSUED UNDER THE THERAPEUTIC SUBSTANCES REGULATIONS.

	Import Licences.	Manufacturing Licences.	Vitamin Permits.	Research Licences.	Blood Processing Licences.
Number of Licences—					
in force, 1/1/52	65	134	42	12	5
issued	7	13	1	—	1
cancelled	8	1	1	—	—
in force 31/12/52	64	146	42	12	6

TABLE VII (3) (*continued*).—DETAILS OF MANUFACTURING LICENCES IN FORCE, 31ST DECEMBER, 1952.

Antitoxin and sera	38
Toxins, antigens and vaccines	83
Vitamins	5
Antibiotics	8
Androgen and oestrogens	9
Pituitary Extracts	1
Surgical catgut	1
Insulin	1
TOTAL	146

TABLE VII (4).

Examinations carried out under the Therapeutic Substances Regulations for the year ending 30th June, 1948:—

Product.	Manufactured in the Union.	Imported.	Number Unsatisfactory.
Bacterial vaccines	—	—	—
Schick test toxin	—	—	—
Diphtheria prophylactic	—	—	—
Diphtheria antitoxin	—	—	—
Tetanus antitoxin	—	—	—
Tuberculin	—	—	—
Arsphenamine and derivatives	—	—	—
Insulin	—	—	—
Pituitary extracts	—	—	—
Sterilised ligatures and sutures	—	—	—
Sex hormones	—	—	—
Vitamins and preparations	—	—	—
Antibiotics	—	6	—
Disinfectants	22	—	—
Others	—	—	—
TOTALS	22	6	—

TABLE VII (4) (*continued.*)

Examinations carried out under the Therapeutic Substances Regulations for the year ending 30th June, 1949.

Product.	Manufactured in the Union.	Imported.	Number Unsatisfactory.
Bacterial vaccines	—	—	—
Schick test toxins	—	—	—
Diphtheria prophylactic	—	—	—
Diphtheria antitoxin	—	—	—
Tetanus antitoxin	—	—	—
Tuberculin	—	—	—
Arsphenamine and derivatives	—	2	1
Insulin	2	7	1
Pituitary extract	—	1	—
Sterilised ligatures and sutures	—	4	—
Sex hormones	—	—	—
Vitamins and preparations	—	—	—
Antibiotics	9	11	1
Disinfectants	8	—	—
Others	—	—	—
TOTAL	19	25	3

TABLE VII (4) (*continued*).

Examinations carried out under the Therapeutic Substances Regulations for the year ending 30th June, 1950:—

Product.	Manufactured in the Union.	Imported.	Number Unsatisfactory.
Vaccines	2	—	—
Schick test toxins	—	—	—
Diphtheria prophylactic	—	—	—
Diphtheria antitoxin	—	—	—
Tetanus antitoxin	—	—	—
Tuberculin	—	—	—
Arsphenamine and derivatives	—	11	—
Insulin	6	4	—
Pituitary Extracts	1	2	2
Sterilised ligatures and sutures	—	—	—
Sex hormones	—	—	—
Vitamins and preparations	—	—	—
Antibiotics	—	12	3
Disinfectants	5	—	—
Others	—	—	—
TOTALS	14	29	5

Because of lack of trained personnel work of the above nature for the period 1st July, 1950 to 31st December, 1952 had to be drastically curtailed and essential investigations were carried out by the South African Institute for Medical Research, Johannesburg.

TABLE VII (5).—NARCOTIC DRUGS IMPORTED INTO THE UNION OF SOUTH AFRICA, 1948–52 (IN KILOGRAMS).

Drug.	Raw Opium.	Medicinal Opium.	Opium-tinctures and Extracts.	Coca Leaves	Indian Hemp	Indian Hemp Galenicals.	Indian Hemp (R)	Morphine.	Heroin.	Crude Cocaine.	Cocaine.	Eucodal.	Diodide.	Dilaudide.	Acedicone.	Codeine.	Dionine.	Pethidine.	Papaverine.	Phenadoxone.	Amidone.	Methorphinan.
International Code No.....	1	2	3	4	5	6	7	8 (1)	9 (2)	10 (3)	11 (4)	12 (5)	13 (6)	14 (7)	15 (8)	16 (9)	17 (10)	18 (11)	20 (13)	21 (14)	22(15)	23 (16)
1948.....	381·269	45·813	30·412	—	—	38·101	—	22·131	23·761	—	17·296	—	0·044	0·024	—	188·778	4·985	14·758	2·268	—	—	—
1949.....	385·848	102·059	84·918	—	—	21·273	—	26·354	8·877	—	10·855	—	0·001	0·003	0·007	111·508	6·872	97·557	7·037	—	—	—
1950.....	487·622	118·163	71·728	—	—	23·020	—	33·001	15·496	—	8·698	—	0·126	0·117	—	278·047	9·661	68·743	—	0·032	0·129	—
1951.....	352·590	328·406	45·645	—	—	15·875	—	40·599	28·530	—	17·581	—	0·105	0·012	—	379·479	18·301	183·447	—	0·065	2·520	—
1952.....	302·750	98·838	59·346	—	—	14·288	—	36·367	—	—	22·206	—	—	—	—	311·389	12·040	149·553	—	—	1·537	0·061